

DIGEST  
OF THE  
ANNUAL REPORTS  
for the Year 1904,  
OF THE  
MEDICAL OFFICERS OF HEALTH  
AND  
SANITARY INSPECTORS  
IN THE  
ADMINISTRATIVE  
COUNTY OF WORCESTER.

BY  
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Member of Sanitary Inspectors Examination Board, &c., &c.

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*To the Sanitary Committee of the  
Worcestershire County Council.*

MR. CHAIRMAN, MY LORD AND GENTLEMEN,

I have the honour to present my Sixteenth Digest of the 62 Annual Reports—Medical Officers of Health (30) and Sanitary Inspectors (32) in the Administrative County—which refers to the year 1904.

The following changes in the Sanitary Staff occurred in 1904:

Mr. R. Mapp succeeded Mr. J. L. Downes as Sanitary Inspector for the Rock Rural District.

Mr. W. G. Williams succeeded Mr. W. Brown as Sanitary Inspector for the Yardley Rural District.

The Local Government Board have intimated that Medical Officers' Reports should be sent in by the 31st day of March of each year, but those on Bromsgrove, North Bromsgrove, Redditch and Stourport Urban, and Halesowen, Martley, Shipston-on-Stour, Stow-on-the-Wold, Tenbury, and Upton-on-Severn Rural, were received in April; those on Droitwich Borough, King's Norton and Northfield Urban and Droitwich Rural in May; and those on Rock and Tewkesbury Rural Districts not until June. Such being the case, some delay has occurred in issuing this Report.

#### AREA AND POPULATION.

The Area and Population of the Administrative County are set forth in Table I.

TABLE I.

Districts.	Area in Statute Acres in 1901.	Population.			
		1891.	1901.	Increase 1891-1901.	Estimated by M.Os.H. for 1904.
Urban (13) - -	54,769	157,184	197,017	39,833	209,139
Rural (17) - -	418,559	140,205	161,360	21,155	169,606
Totals (30) - -	473,328	297,389	358,377	60,988	378,745

The population of the King's Norton Urban, and Yardley Rural Districts continued to increase in 1904, the estimated increase in the former being 2,950, and in the latter 3,000.

## VITAL STATISTICS.

Table II. gives the general Vital Statistics of each District in the Administrative County for the year 1904.



TABLE II.

URBAN DISTRICTS.															Area in Acres.		POPULATION.				Esti- mated Popu- lation 1904 by Medical Officers.		Birth Rate. (a)		Nett Death Rate. (a)		Infant Mortality, i.e., Deaths of Infants under 1 year per 1,000 Births registered.		Registered Births.		Registered Nett Deaths.		Mortality from all causes, at subjoined ages.						Causes of, and ages at, Death during Year 1904.																																																							
																	1891-1901.		1891.														Census 1901.		Under 1 year.		1 and under 5.		5 and under 15.		15 and under 25.		25 and under 65.		65 and upwards.		Fever.		Epidemic Influenza.		Cholera.		Plague.		Diarrhoea.		Enteritis.		Puerperal Fever.		Erysipelas.		Other Septic Diseases.		Phthisis.		Other Tubercular Diseases.		Cancer.		Bronchitis.		Pneumonia.		Pleurisy.		Other Diseases of Res- piratory Organs.		Alcoholism, Cirrhosis of Liver.		Venereal Diseases.		Premature Birth.		Diseases and accidents of Parturition.		Heart Diseases.		Accidents.		Suicides.		All other Causes.	
																	In- crease.	De- crease.	1891.	Census 1901.													1891.	Census 1901.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough. Diphtheria and Mem- branous Croup.	Croup.	Typhus.	Enteric.	Other continued.	Epidemic Influenza.	Cholera.	Plague.	Diarrhoea.	Enteritis.	Puerperal Fever.	Erysipelas.	Other Septic Diseases.	Phthisis.	Other Tubercular Diseases.	Cancer.	Bronchitis.	Pneumonia.	Pleurisy.	Other Diseases of Res- piratory Organs.	Alcoholism, Cirrhosis of Liver.	Venereal Diseases.	Premature Birth.	Diseases and accidents of Parturition.	Heart Diseases.	Accidents.	Suicides.	All other Causes.																							
Bewdley Borough	-	-	-	-	2105	2876	2866	...	10	2866	23.7	20.9	294	68	60	20	5	1	3	12	19	...	...	...	2	...	...	...	...	2	...	...	6	...	...	...	2	1	2	17	1	...	...	...	...	3	...	4	1	1	18																																											
Bromsgrove	-	-	-	-	1070	7934	8418	484	...	8540	27.0	13.2	103	231	113	24	13	3	8	23	42	...	2	...	2	1	...	...	...	...	...	...	1	4	...	...	6	5	4	20	5	...	...	2	1	4	...	4	3	4	45																																											
Bromsgrove North	-	-	-	-	10588	5071	5688	616	...	5860	28.1	12.9	108	166	76	18	12	2	3	24	17	...	...	1	2	...	...	...	...	...	...	2	1	...	1	...	3	2	7	12	1	...	...	2	...	3	1	6	4	1	27																																											
Droitwich Borough	-	-	-	-	1856	4070	4201	131	...	4201	21.7	17.8	184	92	75	17	4	2	2	17	33	...	...	...	6	...	...	...	...	4	...	...	1	...	...	2	1	8	4	3	...	2	...	6	...	6	3	...	27																																													
Evesham Borough	-	-	-	-	2265	5836	7101	1265	...	7101	29.4	13.6	81	209	98	19	18	3	3	29	26	...	2	6	3	...	...	...	...	...	...	3	...	...	...	7	2	4	8	6	1	...	2	...	...	8	4	3	39																																													
Kidderminster Borough	-	-	-	-	1214	24803	24681	...	122	24700	25.3	17.6	151	627	436	93	28	12	24	131	148	...	...	2	4	3	...	...	...	...	...	9	12	...	3	...	19	21	23	67	30	1	...	4	1	11	6	17	9	6	188																																											
King's Norton and Northfield	-	-	-	-	22453	28300	57122	28822	...	66667	28.4	11.02	102	1885	735	192	69	21	26	230	197	...	6	4	18	6	...	...	2	...	11	...	...	16	25	3	4	6	40	24	52	53	50	3	3	12	1	24	5	63	20	7	277																																									
Lye and Wollescote	-	-	-	-	784	10165	10976	811	...	11261	31.9	13.8	108	360	156	40	24	7	12	35	38	...	8	2	2	...	...	...	1	...	4	...	...	7	7	...	...	1	8	4	3	20	5	...	...	1	...	6	...	7	6	...	64																																									
Malvern	-	-	-	-	4777	14364	16449	2085	...	16448	17.3	12.2	93	286	200	27	10	8	5	70	80	...	2	6	...	...	...	2	...	...	...	...	3	...	...	...	14	7	22	10	7	...	1	3	...	3	1	23	2	1	93																																											
Oldbury	-	-	-	-	3525	22697	25191	2494	...	26000	36.7	20.4	201	955	532	192	98	17	19	116	90	...	18	...	28	2	...	...	7	...	1	...	...	55	5	2	1	1	17	14	20	60	56	2	1	9	3	23	...	24	12	3	168																																									
Redditch	-	-	-	-	1023	11311	13493	2182	...	14289	25.6	12.7	160	367	182	59	10	7	9	54	43	...	...	2	...	...	...	...	...	...	...	16	9	...	2	...	10	10	14	23	8	...	...	2	...	14	2	17	3	...	50																																											
Stourbridge	-	-	-	-	1920	14891	16302	1411	...	16790	27.5	17.1	135	463	288	63	42	12	8	86	77	...	40	1	3	...	...	...	2	...	...	...	8	...	...	...	18	3	15	28	8	2	1	5	1	13	2	31	3	2	102																																											
Stourport	-	-	-	-	1340	4865	4529	...	336	4416	25.8	17.8	104	116	79	12	6	1	2	32	26	...	...	2	6	...	...	...	1	...	...	...	4	1	...	...	5	3	6	4	2	...	...	1	...	...	2	11	2	...	29																																											
Totals	-	-	-	-	54769	157184	197017	40301	468	209139	27.8	14.4	133	5825	3030	776	339	96	124	859	836	...	78	26	76	12	...	...	15	...	22	...	...	128	67	5	11	8	151	97	180	326	182	9	8	45	7	110	19	221	72	28	1127																																									
RURAL DISTRICTS.																																																																																														
Bromsgrove	-	-	-	-	38082	11818	12086	268	...	12200	24.6	13.4	76	301	164	23	8	6	10	44	73	...	2	...	...	1	...	...	...	...	4	...	...	2	3	...	1	...	13	2	10	13	7	2	...	2	...	5	1	24	7	1	64																																									
Droitwich	-	-	-	-	53079	12900	12895	...	5	12932	25.1	12.9	123	325	166	40	6	4	5	48	63	...	...	...	2	...	...	...	...	6	...	...	3	5	...	...	...	13	7	14	12	7	...	2	...	...	8	7	18	3	1	58																																										
Evesham	-	-	-	-	28088	7142	7584	442	..	7584	28.2	12.6	42	214	96	9	7	7	1	22	50	...	2	1	...	...	1	...	...	...	...	...	2	...	...	...	2	1	1	6	3	...	1	...	...	4	...	12	2	...	58																																											
Feckenham	-	-	-	-	15204	5671	5532	...	139	5532	25.4	13.0	92	141	72	13	2	2	4	29	22	...	...	...	1	...	...	...	...	...	...	1	...	...	1	...	10	6	4	4	3	1	2	1	...	2	1	8	...	...	26																																											
Halesowen	-	-	-	-	6114	18481	23586	5105	...	23574	36.0	15.2	151	849	359	129	68	10	8	66	78	...	8	5	20	3	...	...	...	...	...	...	...	30	...	1	...	9	7	13	73	14	2	...	3	...	18	1	29	4	1	118																																										
Kidderminster	-	-	-	-	32934	9951	10111	160	...	10100	25.1	13.5	118	254	138	30	8	4	6	40	50	...	...	...	4	...	...	...	...	...	...	3	2	...	2	...	9	4	10	7	8	...	2	3	...	14	1	13	7	3	40																																											
Martley	-	-	-	-	59171	13139	12944	...	195	12941	23.9	13.6	128	320	176	40	6	9	7	39	75	...	1	...	6	1	...	...	...	...	3	...	...	...	4	...	...	4	10	5	9	12	10	...	...	1	...	6	1	25	7	3	68																																									
Newent (part)	-	-	-	-	5305	1308	1182	...	126	1182	21.4	11.0	71	28	15	2	1	...	1	2	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	1	...	...	...	1	...	5	...	...	4																																												
Pershore	-	-	-	-	53728	13086	12819	...	267	12813	22.3	14.0	94	286	180	27	10	8	10	59	66	...	...	1	3	2	...	...	...	...	...	...	...	2	...	...	17	3	11	13	1	...	4	...	...	...	1	23	5	6	88																																											
Rock	-	-	-	-	13314	2252	2150	...	102	2150	24.1	14.8	115	52	32	6	5	1	2	4	14	...	2	...	3	...	...	...	...	...	...	...	...	...	...	2	...	1	3	2	...	...	...	...	3	...	3	1	...	12																																												
Shipston-on-Stour	-	-	-	-	18466	5187	4702	...	485	4567	27.1	12.9	40	124	59	5	3	...	4	19	28	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	6	1	3	4	5	...	1	1	...	2	...	10	...	...	24																																											
Stow-on-the-Wold (part)	-	-	-	-	2289	337	292	...	45	292	34.2	13.4	0.0	6	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...																																										
Tenbury	-	-	-	-	23434	4936	4838	...	98	4830	21.9	11.8	84	106	57	9	3	2	1	12	30	...	...	...	1	...	...	...	...	...	...	...	3	...	...	...	1	1	2	6	3	...	...	...	3	...	6	1	...	30																																												
Tewkesbury (part)	-	-	-	-	10019	2488	2304	...	184	2293	24.4	15.2	53	56	35	3	1	1	3	10	17	...	...	...	2	...	...	...	...	1	...	...	...	...	...	4	...	4	...	1	...	...	...	...	...	...	12	2	...	9																																												
Upton-on-Severn	-	-	-	-	50031	14242	14273	31	...	15000(b)	22.3	13.4	99	291	175	29	4	3	7	52	80	...	1	1	2	1	...	...	...	...	2	...	...	...	4	...	...	10	...	9	15	9	2	...	...	...	9	...	29	3	1	77																																										
Winchcombe (part)	-	-	-	-	1560	126	116	...	10	116	25.8	25.8	333	3	3	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3																																											
Yardley	-	-	-	-	7590	17141	33946	16805	...	41500	28.2	13.2	136	1173	550	160	60	27	18	154	131	...	6	1	13	14	1	...	2	...	7	...	...	36	3	...	1	1	36	15	31	39	60	...	3	5	...	32	3	48	9	5	179																																									
Totals	-	-	-	-	418559	140205	161360	22811	1656	169606	26.6	13.4	125	4529	2278	526	192	84	87	600	789	...	22	9	54	25	2	...	3	1	22	...	...	49	56	...	6	5	142	52	125	208	134	8	15	16	...	107	16	265	51	21	864																																									

(a) per 1000 of population.  
(b) Including population of Powick Asylum.



*Births.*

Table III. compares the County Birth-rates with those of England and Wales during 1895-1904 inclusive.

TABLE III.

Districts.	Rates per 1,000 of population.									
	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895
Administrative County -	27·3	27·9	28·6	28·9	28·0	27·2	27·9	27·7	27·3	28·1
Urban Districts (13) -	27·8	28·6	28·8	29·7	28·6	27·8	28·4	28·4	28·1	29·2
Rural Districts (17) -	27·3	27·05	27·7	27·9	27·1	26·5	27·2	27·2	26·3	27·4
England and Wales -	27·9	28·4	28·6	28·5	28·9	29·3	29·4	29·7	29·7	30·3

The Birth-rate in England and Wales in 1904 (27·9) is 0·5 per 1,000 below the rate in 1903, and lower than the rate in any other year on record: compared with the average in the ten years 1894-1903, the 1904 birth-rate shows a decrease of 1·3 per 1,000.

The County Birth-rate for 1904 (27·3) is even lower than the rate for England and Wales. (See Diagram annexed).

Such a state of things is not confined to Worcestershire, but appears to be general throughout the country.

Unfortunately the infantile mortality (Table XII.) does not show a corresponding decrease, but the reverse; and, therefore, as mentioned in former reports, the decrease in the Birth-rate is a matter which should engage serious attention.

For this reason the following remarks of the Registrar-General are important:—

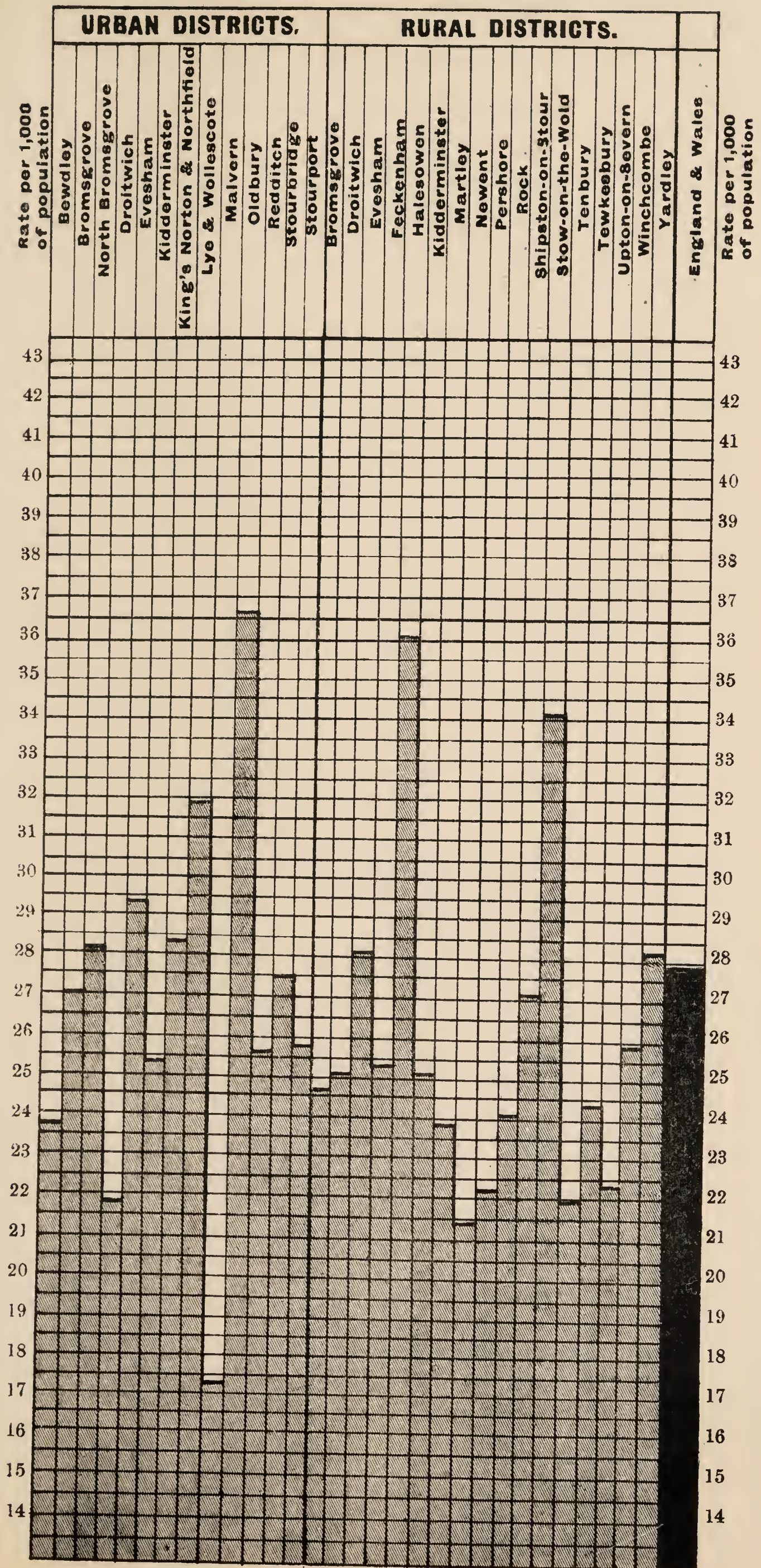
“The mean birth-rates in England and Wales at the four last  
“Census periods, calculated on the total population, were  
“as follows:—

THREE-YEAR PERIODS.				YEAR.
1870-2.	1880-2.	1890-2.	1900-2	1903.
35·3	34·0	30·7	28·6	28·4


“The total population is not, however, the most satisfactory  
“standard by which to measure the birth-rate, because it



1904.  
BIRTH-RATES.







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“ does not take account of the age constitution of the population, and particularly the age constitution of the female population of conceptive age. For instance, the proportion of women aged 15-45 to the total population in England and Wales, which was 23·1 per cent. in 1871 and in 1881, rose to 23·8 per cent. in 1891, and further increased to 25·0 per cent. in 1901; if, therefore, the average fecundity of the female population at these ages had remained constant, the birth-rate in proportion to total population would have increased during the past thirty years by nearly two per cent. Stated in another way, had the ratio of births to the female population of conceptive ages been identical in 1871 and in 1903, the births registered in the latter year would have amounted to upwards of one and a quarter millions, instead of the 948,271 actually recorded.”

“ In view of these facts, it is evident that a preferable method by which to measure the birth-rate is to calculate the proportion of births per 1000 women of conceptive age.”

“ Proportion of total births per 1000 women aged 15—45 years:

THREE-YEAR PERIODS.				YEAR.
1870-2.	1880-2.	1890-2.	1900-2.	1903.
153·7	147·7	129·7	114·8	113·8

“ The true decrease in the birth-rate is not adequately shown by a comparison of the rates calculated on the total population. Taking into consideration the very considerable changes in the sex and age constitution of the population in the period under review, it is obvious that the comparison of birth-rates calculated by this method fails to give a true measure of the amount of the decrease that has actually occurred. The disturbing factor of changing constitution of the population is mainly, though not entirely, eliminated by calculating the proportion of births to the number of women living at child-bearing ages. *This method of measuring the birth-rate shows the amount of the decrease to be far greater than is shown by the rates based on the total population.*”

In 1904 the Birth-rates of the following Worcestershire Districts exceeded that of the County (27·3):—

Districts.	Per 1,000 population.	
	1904.	Average for years 1894-1903.
Bromsgrove North Urban - - -	28.1	28.2
Evesham Borough - - -	29.4	31.1
King's Norton and Northfield Urban -	28.4	28.0
Lye and Wollescote Urban - - -	31.9	35.5
Oldbury Urban - - -	36.7	37.0
Stourbridge Urban - - -	27.5	28.9
Evesham Rural - - -	28.2	29.2
Halesowen Rural - - -	36.0	34.7
Stow-on-Wold Rural - - -	34.2	19.9
Yardley Rural - - -	28.2	29.7

The following Districts usually have higher average Birth-rates than those of the County, viz. :—

Evesham Borough.  
 Lye and Wollescote Urban.  
 Oldbury Urban.  
 Redditch Urban.  
 Stourbridge Urban.  
 Halesowen Rural.  
 Yardley Rural.

### *Deaths.*

Table IV. compares the County Death-rates with those of England and Wales during 1895-1904 inclusive.

TABLE IV.

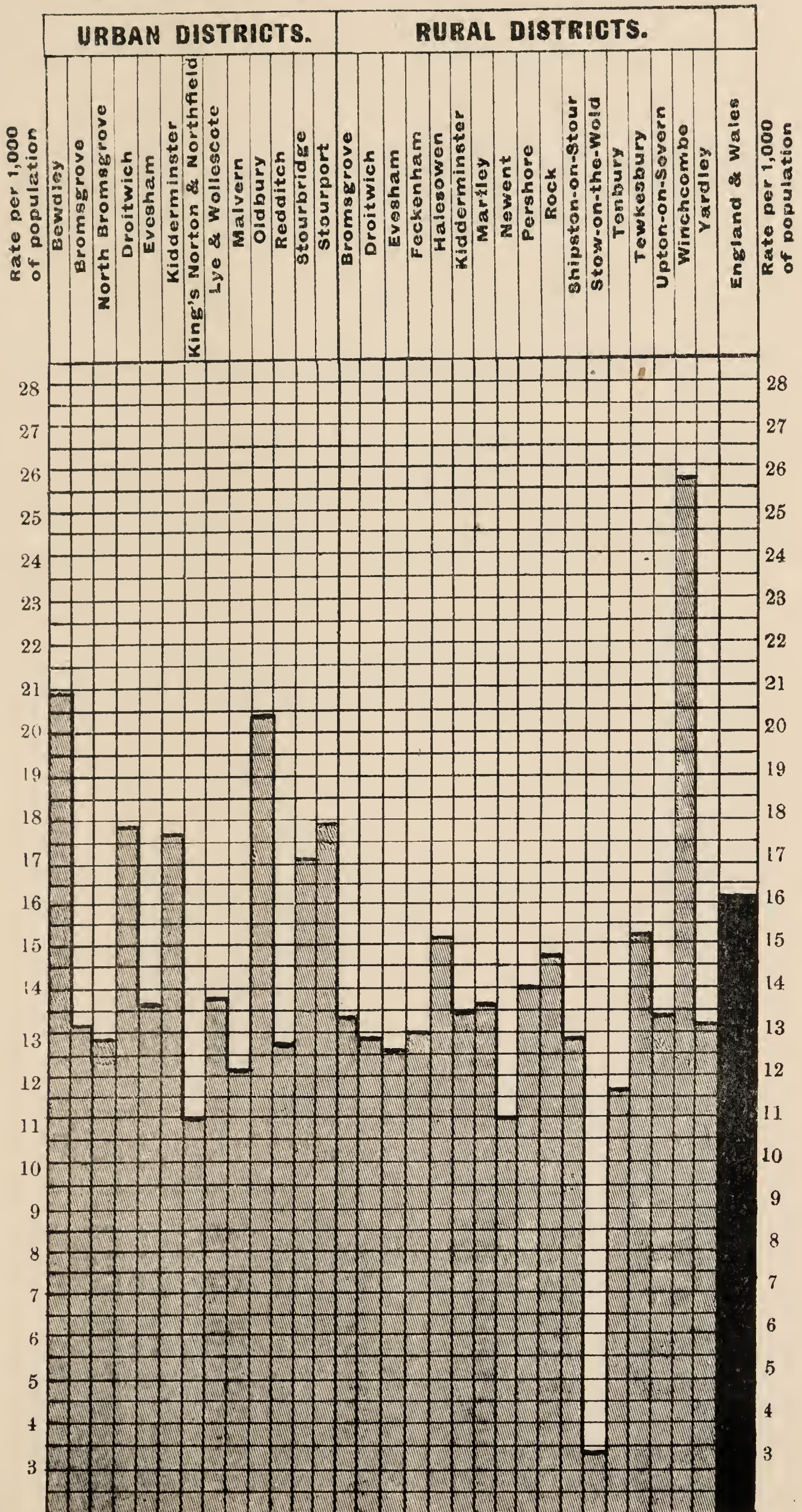
Districts.	* Rates per 1,000 of population.									
	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895
Administrative County -	14.3	13.3	14.19	15.0	15.8	14.4	15.0	15.1	14.6	15.6
Urban Districts (13) -	14.8	13.5	14.2	15.7	16.8	15.3	15.8	16.0	16.6	17.6
Rural Districts (17) -	13.5	13.1	14.1	14.2	14.4	13.4	13.9	14.5	13.3	14.4
England and Wales -	16.2	15.4	16.3	16.9	18.3	18.3	17.6	17.4	17.1	18.7

\* Calculated on the total deaths registered in the County.



1904.

# GENERAL NETT DEATH-RATES.







The Death-rate of England and Wales in 1904 (16·2) is 0·8 per 1,000 above the rate in 1903: compared with the average rate in the ten years 1894-1903, it shows a decrease of 1·0 per 1,000.

Table IV. shows that the County Death-rate for 1904 (14·3) is slightly higher than those of the two preceding years, which is accounted for by the prevalence of Measles, Whooping Cough and Diarrhœa, all of which have increased the Infant Mortality.

A certain way of reducing the Death-rate is by saving the lives of children under one year, the deaths of so many of whom are due to carelessness and ignorance. The action you have taken in establishing Health Missioners since 1897 in districts where high Infantile Mortalities prevail should slowly, but surely, have a favourable influence on the Death-rates.

The annexed Diagram and Table II. show that the nett Death-rates for 1904 of the following Districts exceeded the corresponding one of the Administrative County (14·3).

District.	Per 1,000 population.	
	1904.	Average of years 1894-1903.
Bewdley Borough - - - - -	20·9	16·0
Droitwich Borough - - - - -	17·8	15·4
Kidderminster Borough - - - - -	17·6	16·9
Oldbury Urban - - - - -	20·4	18·7
Stourbridge Urban - - - - -	17·1	15·5
Stourport Urban - - - - -	17·8	13·0
Halesowen Rural - - - - -	15·2	14·9
Rock Rural - - - - -	14·8	14·2
Tewkesbury Rural - - - - -	15·2	14·3
Winchcombe Rural - - - - -	25·8	16·3

I may perhaps remind you that these “nett Death-rates” are arrived at by *excluding* deaths of non-residents and *including* deaths of persons properly belonging to the Districts, but who died in Public Institutions outside those Districts.

The Death-rates given in Table II. are such as the Registrar General designates “Crude,” because no correction is made for the varying ages of the population. They are, however, as given in the Annual Reports.

*Bewdley Borough.*

Dr. Miles gives no explanation of the high Death-rate (20·9)

Of the Droitwich Borough rate Dr. Roden says:—

“That if 7 deaths of people who died in the Borough who  
“came from other districts (Visitors) were excluded the  
“rate would be reduced from 17·8 to 14·7.”

Of the Oldbury Urban District rate (20·4) Dr. Buttery says:—

“There are several causes for this increase, the chief of which  
“were the epidemics of Measles and Whooping Cough in  
“the first half of the year, and the severe visitation of  
“epidemic Diarrhœa in the later summer months and  
“early autumn. There was also a marked increase of  
“deaths from chest affections, including Phthisis. There  
“have also been more deaths from Cancer than have been  
“registered for some time previously.”

Of the Stourbridge rate (17·1) Dr. Wilberforce Freer says:—

“The increased Infantile Mortality is due to the very severe  
“epidemic of Measles we experienced in the first half of  
“the year, and which accounted for 34 deaths in children  
“under 5 years of age. The higher Death-rate is also  
“mainly explained in this way.”

Of the Stourport rate (17·8) Dr. Robinson says:—

“The rate is much higher than the average rate for the last  
“six years.”

The Death-rate in the Winchcombe District (25·8) is accidental, 3 deaths having occurred in a population of 116.

Of the Lye and Wollescote rate (13·8) Dr. Darby says:—

“The Death-rate for 1904 is the lowest since the formation of  
“the District into an Urban one. That is in 8 years.”

As regards the 1904 Death-rates of King's Norton (11·0) and Yardley (13·2), the former was “the lowest but one in the



**DIAGRAM**  
 SHOWING THE AVERAGE GENERAL DEATH RATES OF DISTRICTS  
 FOR THE FIVE YEARS 1900-1904 INCLUSIVE.



DEATH RATE.		
Urban Districts.	Average for 5 Years.	per 1,000
Bewdley Boro.	1900-1904	= 15.4
Bromsgrove -	"	= 15.6
Bromsgrove North -	"	= 11.4
Droitwich Boro.	"	= 16.8
Evesham Borough -	"	= 14.6
Kidderminster Boro.	"	= 19.0
King's Norton & Northfield	"	= 14.1
Lye & Wollescote -	"	= 15.3
Malvern -	"	= 11.1
Oldbury -	"	= 17.7
Redditch -	"	= 14.3
Stourbridge -	"	= 14.6
Stourport -	"	= 12.0
Rural Districts.		
Bromsgrove -	"	= 12.8
Droitwich -	"	= 12.5
Evesham -	"	= 13.4
Feckenham -	"	= 12.1
Halesowen -	"	= 14.7
Kidderminster -	"	= 13.2
Martley -	"	= 13.1
Newent -	"	= 12.5
Pershore -	"	= 14.1
Rock -	"	= 13.6
Shipston-on-Stour -	"	= 18.3
Stow-on-Wold -	"	= 11.5
Tenbury -	"	= 12.6
Tewkesbury -	"	= 13.6
Upton-on-Severn -	"	= 14.4
Winchcombe -	"	= 18.7
Yardley -	"	= 12.4

References.

Death Rates	...	under 14 per 1,000	
"	"	14 and under 16 "	
"	"	16 " 18 "	
"	"	18 " 20 "	



# DIAGRAM SHOWING THE AVERAGE GENERAL IDEAL FOR THE FIVE YEARS 1900-1904



“District during the last decade,” and the latter even “slightly  
“above the average of the previous ten years.”

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The coloured Map shows the average general Death-rates of Districts for the five years 1900-1904 inclusive.

### ZYMOTIC DISEASES.

Table V. shows the Death-rates of the “Zymotic” Diseases and the total number of “notifiable” cases and deaths and Hospital cases and Hospital deaths in each District during 1904.



## Zymotic Diseases.

TABLE V.

District.	Estimated Population 1904.	Smallpox.				Scarlet Fever.				Diphtheria and Membranous Croup.				Enteric Fever.				Puerperal Fever.		Whooping Cough Death Rate.*	Diarrhoea Death Rate.*	Measles Death Rate.*	
		Cases.	Deaths.	Hospital Cases.	Hospital Deaths.	Death Rate.*	Cases.	Deaths.	Hospital Cases.	Hospital Deaths.	Death Rate.*	Cases.	Deaths.	Hospital Cases.	Hospital Deaths.	Death Rate.*	Cases.	Deaths.					
<i>Urban.</i>																							
Bewdley Borough	-	2,866				0.0	4				0.0	1				0.0	3				0.6	2.0	0.0
Bromsgrove	-	8,540				0.0	9	8			0.11	3	1			0.0					0.2	0.11	0.2
Bromsgrove North	-	5,860				0.0	20	1	16	1	0.17	1				0.0	1				0.3	0.3	0.0
Droitwich Borough	-	4,201				0.0	19	14	14		0.0	2		1		0.0					1.4	0.2	0.0
Evesham Borough	-	7,101				0.0	176	6	175	6	0.8	3				0.0					0.4	0.4	0.2
Kidderminster Borough	-	24,700	2		2	0.0	299	2	236		0.08	22	3			0.12	1				0.16	0.3	0.0
King's Norton & N'thfield	-	66,667	3		3	0.0	352	4	305		0.06	30	6	3		0.09	11	2			0.2	0.2	0.08
Lye and Wollescote	-	11,261				0.0	6	2	2		0.17					0.0	3	1			0.17	0.6	0.7
Malvern	-	16,448				0.0	98	6	87	5	0.3	22		15		0.0	7	2			0.0	0.0	0.12
Oldbury	-	26,000				0.0	64				0.0	4	2			0.7	16	7			1.07	2.1	0.6
Redditch	-	14,289				0.0	17	2	15	2	0.14	4		4		0.0	2				0.0	1.11	0.0
Stourbridge	-	16,790				0.0	23	1	9		0.05					0.0	7	2	5	1	0.17	0.4	2.3
Stourport	-	4,416				0.0	36	2	2		0.4	2				0.0	2	1			1.3	0.9	0.0
Totals	-	209,139	5		5		1123	26	869	14		94	12	25			53	15	4				

\* Per 1,000 of Population.

† In School Sanatorium.

## Zymotic Diseases.

*Rural.*

[illegible]

## SMALLPOX.

Eight non-fatal cases of Smallpox occurred in the County during 1904, viz., 2 in Kidderminster Borough, 3 in King's Norton District, and 3 in Upton-on-Severn District.

Previous outbreaks have occurred as under:—

1903	-	41 cases	-	1 death
1902	-	20 „	-	0 „
1901	-	17 „	-	0 „
1897	-	4 „	-	0 „
1896	-	7 „	-	0 „
1895	-	20 „	-	1 „
1894	-	138 „	-	13 „
1893	-	192 „	-	3 „

Of the Kidderminster outbreak Dr. Corbet says:—

“We have only had two cases during the year. One a female,  
“taken from a Common Lodging House in the Borough,  
“said to have been contracted from a tramp who slept one  
“night in the house fifteen days previously, and was said  
“to have had Smallpox marks upon him.

“The second case was one of the men (an old soldier) from our  
“ashpit cleansing department, who was sent to mind a de-  
“lirious patient in the Smallpox Hospital. Both cases were  
“mild and recovered.”

Dr. Corbet does not say if this man was re-vaccinated *before* being sent to the Smallpox Hospital.

Referring to the outbreak in the King's Norton and Northfield District, Dr. Green says:—

“Three cases were notified, compared with 10 in 1903, all of  
“which occurred in a small outbreak in King's Heath in  
“July.

“The first case was a married woman, resident in Silver Street.

“No history of having been exposed to infection could be traced.

“About two weeks after this case, the woman's child, and also  
“her next door neighbour, sickened with smallpox, and were  
“removed to the Hollywood Hospital, whither she had pre-  
“ceded them.

“The child, who was vaccinated for the first time some days after  
“exposure to infection, developed a confluent rash all over  
“her body, which, under the influence of the vaccination,  
“disappeared in a day or two without any bad effects.

“In my opinion, the vaccination saved the life of the child.

“All known ‘contacts’ were vaccinated where possible by the  
“Public Vaccinator, and thorough disinfection of the  
“patients' premises and clothing was carried out.”



Dr. Green's remarks about the influence of Vaccination are interesting, and should be instructive to Anti-Vaccinators.

Reporting on the Upton-on-Severn cases, Dr. Cowley says:—

“An outbreak, threatening to be serious, of Smallpox, broke out  
“amongst an assemblage of about 120 peapickers, who were  
“engaged on a farm occupied by Mr. Hollinshead, at Dun-  
“stall, Earl's Croome. These came from all parts except  
“a small portion from the neighbourhood, comprising all  
“sexes and ages. They had been working together and  
“slept at night in parties about the buildings, in vans, tents,  
“and other places. It was difficult to say who had been in  
“contact with the case, but at night the boy had been sleep-  
“ing with two families in a stall of a cowhouse. These  
“were all isolated as far as practicable, and the case, which  
“had been brought to the doctor in an open cart, was sent  
“to the Smallpox Hospital. Vaccination was offered to all,  
“but refused mainly, and some took alarm and dispersed.  
“No proper restrictions could be enforced, for, as vagrants,  
“nothing was known of them. Under the conditions exist-  
“ing with this class, the danger of the spread of this, and  
“indeed other infectious diseases is only too apparent. It  
“is palpable for the safety of the public some regulations in  
“the employment of this class is necessary, and proper sani-  
“tary conditions should be observed. Byelaws have been  
“found necessary with hop-pickers, and I have advised the  
“enforcement of them with these. This could be done with-  
“out any obstruction to agricultural enterprise. There are  
“very heavy expenses incurred by the ratepayers, caused  
“each year through these peapickers, by the breaking out of  
“infectious disease and other sickness which may be avoided  
“under some regulations. Two other cases of Smallpox  
“afterwards occurred in the persons of the step-father and  
“the mother of the boy, both of which were also treated at  
“the Smallpox Hospital. Means were taken to prevent the  
“extension of the disease, and it may be considered for-  
“tunate that no other persons were affected.”

The foregoing statements show that two of these outbreaks were due to tramps. As regards Dr. Cowley's remarks as to the necessity for regulations in the employment of peapickers, a Deputation of the Upton-on-Severn District Council attended a meeting of the County Sanitary Committee on the 6th August, 1904, and urged the importance of taking steps with a view to the better control of peapickers. Whereupon the Committee passed the following Resolutions:—

1. That the Upton-on-Severn Rural District Council be requested to consider the expediency of framing Byelaws for their District, similar to those with regard to Hop-pickers which are already in existence in the Martley Rural District;

2. To request the General Purposes Committee to submit to the Council some Byelaw for the good rule and government of people who are casually employed in agricultural work in this County ; and
3. To call the attention of the other Agricultural Districts of the County to the expediency of their making Byelaws for the control of Peapickers on the lines of those made by the Martley Rural District Council above referred to.

The outcome of these Resolutions was: The Clerk of the Council communicated with the Rural District Councils of the County relative to the proposed Byelaws for the control of Peapickers and enclosed a print of the model Byelaws with reference to Hop-pickers, Fruit-pickers, and Pea-pickers framed by the Local Government Board.

The replies received from the Rural District Councils showed that the idea of framing Byelaws for Pea-pickers, as suggested by the Upton Council, was not favourably entertained, so the matter was referred to the General Purposes Committee, who have the subject under consideration.

The following Resolutions were adopted by a Conference held in London on the 10th November 1904, of representatives of County Councils, County Borough Councils, Metropolitan Borough Councils and the Metropolitan Asylums Boards:—

*“ General measures for the Prevention of the Spread of Infectious Diseases by Vagrants.*

“(1) (a) That this Conference of Urban and Sanitary Authorities of England and Wales recognises the increasing amount of habitual vagrancy as the cause of widespread and disastrous consequences to the public health, and is of opinion that much more effective measures than are at present adopted should be taken for preventing the spread of infectious diseases by vagrants, and for effectually dealing with this great and growing danger.

“(b) That the evil can only be met by conferring further powers upon the Local Authorities, viz., the Sanitary Authority, the Boards of Guardians, and the Magistracy.

“(2) That means should be provided for the detention and isolation of any vagrant found wandering in a public place if reasonably suspected of being liable to convey infectious disease.

“(3) That this Conference is of opinion that it is desirable that,  
“(a) Parliamentary powers should be sought for the compulsory vaccination and re-vaccination of all vagrants unable to produce proof of being suffi-



“ciently protected against Smallpox on entering  
 “casual wards or common lodging houses, who, in  
 “the opinion of the Sanitary Authority, have been  
 “exposed to the infection of Smallpox, and also  
 “that Sanitary Authorities should have power to  
 “grant such compensation as they think necessary  
 “to persons vaccinated or re-vaccinated at their re-  
 “quest who may be prevented on that account from  
 “work.

“(b) It should be an offence to withhold information or  
 “make false statements to the Sanitary Authority  
 “in carrying out its powers with respect to the  
 “disease.

“(4) That in order to deal effectually with the transmission of  
 “notifiable infectious disease by tramps, power should be  
 “given to County Councils to enforce the existing laws in  
 “all cases where Sanitary Authorities in the County refuse  
 “or neglect to do so.

“(5) That the Local Government Board should obtain powers to  
 “secure weekly returns of all cases of infectious disease  
 “from all central Authorities throughout the country, and  
 “circulate the same.

“(6) That it is desirable that in districts comprising groups of  
 “counties and county boroughs, intelligence bureaux should  
 “be established, to which information should be sent from  
 “Sanitary Authorities and Workhouses in the district of  
 “persons of the wandering class who have been exposed to  
 “the infection of Smallpox, and that a printed copy of such  
 “information should be distributed from the bureaux to  
 “every Sanitary Authority and Board of Guardians in the  
 “district, and that the expense of working the bureaux  
 “should be met by contributions from the County Councils  
 “and County Boroughs forming the District.

“(7) That this Conference is of opinion that the Port Sanitary  
 “Authorities should be authorised to take more stringent  
 “precautions to prevent the importation of disease by per-  
 “sons arriving by vessel at the ports who are suffering from  
 “Smallpox, or who have been exposed to infection by that  
 “disease.

“*Common Lodging Houses and Casual Wards.*

“(8) That the Local Authority should have increased control  
 “over Common Lodging Houses, their keepers and occu-  
 “pants. Thus the Local Authority should have power—

“(a) To medically examine the inmates.

“(b) To detain and isolate persons exposed to infection,  
 “and to disinfect them and their clothes.

“(c) To temporarily close a Common Lodging House  
 “in whole or in part, compensation to be given  
 “to the keeper of the house.

- “(9) That the Local Authority should have power to order the  
 “keeper of a Common Lodging House in which there has  
 “been infectious disease to refuse fresh admissions for such  
 “time as may be required by the Authority.
- “(10) That the Local Authority should be empowered to require  
 “medical examination and disinfection of all persons enter-  
 “ing casual wards.
- “(11) That the Local Sanitary Authority should have power to  
 “require the removal and isolation of any inmate of a casual  
 “ward who may reasonably be suspected of being liable to  
 “convey infectious disease.
- “(12) That the Local Authority should have full power to require  
 “the cleansing of the person and the disinfection of the  
 “clothes of any person in a casual ward, whether infected  
 “or exposed to infection.

*“ Labour Bureaux.*

- “(13) (a) That the time has arrived when the Local Government  
 “Board should promote legislation for the estab-  
 “lishment of Labour Bureaux in the areas of every  
 “County Council and every County Borough  
 “Council.
- “(b) That this Conference is also of opinion that it is de-  
 “sirable that a National Voluntary Agency should  
 “be formed for assisting bona fide working men  
 “while travelling through the country in search of  
 “work, and that such agency should be worked on  
 “the same lines as the Inter-Cantonal Union of  
 “Switzerland for the relief of poor travellers.
- “(14) That the unemployed travelling bona-fide in search of  
 “work, not being habitual vagrants, should not be treated  
 “as vagrants, but as far as possible be assisted to obtain  
 “employment.

*“ Labour Colonies.*

- “(15) That the time has arrived when the Local Government  
 “Board should promote legislation for the establishment of  
 “labour colonies for the compulsory detention of habitual  
 “vagrants until they have acquired power to work and self  
 “restraint.
- “(16) That this Conference approves and affirms the resolutions  
 “passed by the Executive Council of the Association of  
 “Poor Law Unions in England and Wales at their meeting  
 “in September 1903, as follows:—
- “(a) That Boards of Guardians should be grouped in  
 “suitable areas to provide Labour Colonies for  
 “vagrants.
- “(b) That such Colonies should be established and



“governed by the Joint Committees of the Boards  
“of Guardians of the Unions in the said areas.

“(c) That habitual vagrants should be sent to such  
“Labour Colonies by Magistrates.

“(d) That the expenses of each Colony should be  
“spread over the Unions in the areas served by  
“such Colonies.

*“Children of Vagrants.*

“(17) That the powers of the Poor Law Guardians under the  
“Poor Law Acts of 1889 and 1899 to assume and exercise,  
“in certain circumstances, parental rights over the children  
“of pauper parents, should be extended so as to confer  
“similar rights over the children of habitual vagrants.

*“Generally.*

“(18) That in order to give practical effect to the foregoing re-  
“solutions, this Conference is in favour of uniting with the  
“County Councils’ Association, the Association of Munici-  
“pal Corporations, the Association of Metropolitan Borough  
“Councils, the Magistracy, and the Association of Poor  
“Law Unions of England and Wales for the following pur-  
“poses, viz. :—

“(a) To enlist the sympathy and co-operation of Mem-  
“bers of Parliament.

“(b) To appoint Representatives to wait on the Local  
“Government Board.

“(c) To give evidence before the Inter-Departmental  
“Committee of the Government on the Vagrancy  
“question.

“(d) To take such other measures as may be thought  
“desirable in support of the Resolutions arrived at  
“by the Conference.

“That a Committee be appointed to give effect to this  
“Resolution.”

At a meeting of the County Council held on 13 March last,  
“Resolutions” 1 to 12 inclusive were “approved.” Resolution No.  
4 was proposed at the Conference by Mr. Willis Bund.

It may be of interest also to mention that at a Conference  
held at the Mansion House, London (the Lord Mayor in the Chair),  
on July 18 1905, resolutions were passed “that epidemic Smallpox  
“ought to be prevented in this country as it has been since 1875 in  
“Germany, by the systematic re-vaccination of children in their  
“13th year,” and that it be urged “upon H.M. Government the  
“great importance of preventing the recurrence of such epidemics



“by the systematic re-vaccination at school-age of all but the “children relieved under the Exemption Clause, and of those who “are for a time excused on the ground of health.”

### MEASLES.

Table VI. gives the number of Deaths, and the Death-rate in the County during each of the years 1895-1904 inclusive, and compares the latter with the corresponding rates of England and Wales.

TABLE VI.

		1904	1903	1902	1901	1900	1899	1898	1897	1896	1895
Administrative County	No. of Deaths -	100	78	72	65	179	16	170	112	132	18
	Rate per 1,000 of population	0·26	0·20	0·19	·17	·40	·04	·40	·3	·40	·05
England & Wales-	Rate per 1,000 of population	0·36	0·27	0·38	·27	·39	·31	·40	·40	·50	·36

I mentioned in my last Report that Measles usually becomes epidemic every 2nd or 3rd year; ordinarily too the disease assumes a severe form every 7 years. You will notice (Table II.) that during 1904 there were 35 deaths from Scarlatina and 37 deaths from Diphtheria in the County, i.e. total 72, as compared with 100 deaths from Measles; and yet in spite of the fact that Measles is more malignant than Scarlet Fever, parents seldom realize this or take the precautions which they should do. If they would bear in mind how important it is to shield those attacked from chill, many a life would be saved, and that if a child can be protected against it until he reaches 5 years of age the risk of afterwards acquiring it, is greatly reduced.

The ages at death of these 100 deaths were as under:—

Under 1 year	-	-	-	-	-	18
1 year and under 5 years	-	-	-	-	-	71
5 „ „ 15 „	-	-	-	-	-	10
15 „ „ 25 „	-	-	-	-	-	0
25 years and upwards	-	-	-	-	-	1
						—
						100

Thus it is obvious that 89 per cent. of these deaths occurred among “infants,” a circumstance which will be alluded to again in the paragraph on “Schools.” 40 of the above deaths occurred at Stourbridge, and caused the high Death-rate of 2·3 per 1,000 of the population. I may remind you that Measles has for some years past ceased to be a “notifiable” disease in this County, as “notifica-

tion" was found to be costly, and of no practical use in suppressing outbreaks; owing to the fact that the disease is infectious before the appearance of the characteristic rash, which enables it to be diagnosed.

*King's Norton and Northfield Urban District.*

Dr. Green says:—

"Of the six deaths from Measles, four were in Selly Oak Ward, and three were between one and five years of age. The disease was prevalent throughout a good part of the year, and various Schools were closed on that account. Six Schools were closed for periods varying from three to five weeks. As a general rule it has been found unnecessary to close anything but Infant Schools.

"On nearly every occasion when this was done the epidemic soon subsided."

*Lye and Wollescote Urban District.*

Dr. Darby says that:—

"Measles has been rather prevalent and was the continuation of last year's epidemic. It produced eight deaths. That is more deaths than any other disease in children excepting Diarrhœa, Bronchitis, and Convulsions, which were on about an equal with it as regards fatality."

*Oldbury Urban District.*

Dr. Buttery says:—

"In the early part of the year Measles were more or less rife in several of the Wards. There were 18 deaths from this disease."

*Stourbridge Urban District.*

Dr. Wilberforce Freer writes:—

"I regret to have to record a very serious outbreak of Measles in the district, commencing in the beginning of the year and continuing until the autumn. The disease not being notifiable in this district, it is quite impossible for me to state how many cases occurred, but from information I obtained it was quite evident that a large majority of children under the age of 5 years were afflicted. This disease accounted for no less than 40 deaths, of which 35 occurred in children under 5 years of age.

"The disease was at its highest during the months of March, April, May and June."

*Halesowen Rural District.*

Dr. Brett Young says:—

"The epidemic of Measles of last year continued into this, with

*Measles. Whooping Cough.*

“the result that at the beginning of the year there were  
“eight deaths—four at Cradley, one at Halesowen, and  
“three at Hill.”

*Yardley Rural District.*

Dr. Wilson says:—

“This disease caused six deaths, representing the low death-rate  
“of 0·15 per 1,000 of the population, and was more espec-  
“ally prevalent in Hay Mills, necessitating closure of the  
“Schools in May.”

The prevalence of Measles in 1904, not only materially aug-  
mented the County Death-rate, but seriously interrupted Education,  
as it necessitated the closure of 43 Elementary Schools.

## WHOOPING COUGH.

Table II. shows that there were 130 deaths from Whooping  
Cough in 1904, as compared with 53 in 1903, 70 in 1902, 117 in 1901,  
and 97 in 1900. Several Medical Officers ascribe the increased death-  
rates of their districts to this cause.

Nineteen Schools were closed in consequence of this disease  
and 128 of these 130 deaths (98 per cent.) occurred in children under  
five years of age.

*King's Norton and Northfield Urban District.*

Dr. Green says:—

“There were 18 deaths and the disease occurred in most parts of  
“the District. Seven Schools were closed.  
“In the Wythall and Hollywood area, apparently virgin soil, all  
“ages were attacked even up to 80 years of age, and a num-  
“ber of deaths occurred.”

*Oldbury Urban District.*

Dr. Buttery says:—

“Whooping Cough was very prevalent in the first half of the  
“year, and was generally diffused over the whole township.  
“Twenty-eight deaths were caused by this affection. We  
“have of course no records as to the number of cases  
“ . . . . . , as they are not notifiable, so  
“that no figures can be given shewing the relative mortality  
“of the cases attacked.”

*Halesowen Rural District.*

Dr. Young says:—

“There was an epidemic of Whooping Cough which resulted in  
“20 deaths.”



*Yardley Rural District.*

Dr. Wilson says:—

“This disease caused 13 deaths, compared with only 2 during the previous year, representing a death-rate of 0·31 per 1,000 of the population. The disease was more especially prevalent in the eastern parts of the district, and necessitated the closure of College Schools in May, and of Acock’s Green Schools from July 5th to the usual summer holidays.”

## SCARLATINA.

Table VII. shows the number of cases, and deaths, and Hospital cases, and Hospital deaths, from Scarlatina, and the death-rates per 1,000 of population in the Urban and Rural Districts collectively and Administrative County during each of the years 1895-1904 inclusive; also the corresponding rates of England and Wales.

TABLE VII.

Districts.		1904	1903	1902	1901	1900	1899	1898	1897	1896	1895
Urban (13)	Death Rate*	0·12	0·28	0·32	0·09	·10	·07	·11	·12	·06	·06
	Cases -	1123	1875	1787	683	550	431	747	673	623	464
	Deaths -	26	60	66	19	21	13	22	17	8	8
	Hospital Cases -	869	1422	1074	376	279	252	269	155	161	105
	„ Deaths -	14	44	24	3	4	5	9	4	-	-
Rural (17)	Death Rate*	0·05	0·12	0·16	0·10	·01	·08	·11	·13	·14	·17
	Cases -	735	848	850	598	299	579	1022	1074	1470	1460
	Deaths -	9	21	27	17	2	14	17	26	28	34
	Hospital Cases -	454	543	572	335	153	298	468	561	714	357
	„ Deaths -	6	11	17	3	1	6	3	12	8	6
Administrative County (30)	Death Rate*	0·09	0·21	0·25	0·10	·06	·07	·11	·12	·11	·13
	Cases -	1858	2723	2637	1281	849	1010	1769	1747	2093	1924
	Deaths -	35	81	93	37	24	27	39	43	36	42
	Hospital Cases -	1323	1965	1646	711	432	550	737	716	875	462
	„ Deaths -	20	55	41	6	5	11	12	16	8	6
England and Wales	Death Rate *	0·11	0·12	0·15	0·13	·12	·12	·11	·14	·18	·14

\* Per 1,000 of population.

This Table shows that Scarlatina was not so prevalent in the County last year as in either of the two preceding years. More cases, however, were notified in 1904 than in 1901, 1900, 1899 and 1898, in the last named of which years “notification” became general in Worcestershire. Although more or less constantly present in large communities, Scarlet Fever as you know, assumes a wide epidemicity, and a Medical authority on the mortality of this disease

considers that "not only a short cycle of four or five years may be traced, but also a long undulation of 15 or 20 years or more, which may be likened to a vast wave of disease upon which the lesser epidemics show like ripples upon the surface of an ocean swell." Table VII. shows that the height of the last "cycle" was reached in 1903, and that a decline is now taking place. The prevalence, and mortality of Scarlatina, so far as England and Wales are concerned, are usually believed to be greatest in Autumn and least in the Spring; and on reference to the "Weekly Notifications" I receive, I find a similar state of things.

The fatality varies largely in different epidemics, and during different stages of the same epidemic. That of the County for 1904 was particularly low, as only 1·8 per cent. of those attacked died, as compared with 2·9, 3·5, 2·9, 2·7, and 2·6 in the five preceding years.

*Evesham Borough.*

No less than 176 cases (6 deaths) occurred, and the outbreak "was due to the fact that some cases were so mild as to escape recognition, even by parents who could not be regarded as careless in the matter. The disease was almost entirely confined to children of 'School-going ages,' no less than 162 of the 176 cases notified being under 15 years of age."

A tabular statement given in the Report shows that when the Evesham Schools were closed, the number of cases notified declined; but on re-opening the outbreak shewed renewed activity. 99 per cent. of the cases were promptly removed to the Isolation Hospital, but such treatment did not stamp out the disease, as has so often happened on previous occasions, because mild cases too often escaped recognition.

*Kidderminster Borough.*

With regard to the 299 cases (2 deaths) Dr. Corbet says:—

"Although the amount of Hospital isolation practised in this Town has failed to stamp out Scarlet Fever, it cannot be denied that the Isolation Hospital has diminished the amount of Scarlet Fever. The immense good the Hospital is to the patients, and to the inmates of the homes from which they are removed cannot be measured or put down in figures. The majority of the houses in Kidderminster have only three bedrooms, many have only two bedrooms, and also in many instances the back yards, water closets and wash-houses are common to more than one house. I ask how it is possible under such conditions to nurse and isolate cases of Scarlet Fever at home."



*King's Norton and Northfield Urban District.*

Dr. Green says :—

“ A large number of the notified cases were of a mild type, but  
 “ these were interspersed with a fair proportion of severe  
 “ ones, although the very malignant type of the last few  
 “ years was not so prevalent.

“ Cases occurred in all the Districts except Beoley.

“ The outbreaks were usually more or less associated with  
 “ school attendance, and in several instances children were  
 “ found at school whilst in the early peeling stage, their  
 “ illness not having been discovered by their parents or  
 “ teachers.”

*Malvern Urban District.*

The 98 cases (6 deaths) occurred in 76 families and were due to personal infection.

The outbreak was a severe one, no less than 6·1 per cent. of those attacked having died. There was no apparent reason for this.

87 of the 98 cases were removed to Hospital.

*Oldbury Urban District.*

Dr. Buttery says :—

“ There was no death among the 64 cases reported, and none  
 “ were treated at Hospital.”

*Stourport Urban District.*

Dr. Robinson says :—

“ Of 36 cases all but two were treated at home. To say isolated  
 “ would be inaccurate, for in the majority of instances any-  
 “ thing deserving the name of isolation was impracticable.  
 “ Still in each case all possible steps to ensure isolation were  
 “ taken, and I was agreeably impressed by the way in which  
 “ my directions and those of the Sanitary Inspector were  
 “ carried out as a rule. Generally speaking, the sick nurse  
 “ was also the mother of the family, who had besides nursing  
 “ the patient, to wash and dress other children, and per-  
 “ form the routine work of the home. And yet a second  
 “ case in the same house was rare. Though there were two  
 “ deaths and a few severe cases, the disease was usually  
 “ mild and apparently but slightly contagious. . . .

“ To compare hospital with home treatment, I am convinced that  
 “ in the majority of cases it is to the advantage of the patient  
 “ to be removed to hospital. To keep a child in one room,  
 “ often a small room without proper means of ventilation,

- “and to which little sunlight has access, is to run a great risk of impairing its health. Of course this holds good in the case of other infectious diseases such as Measles, but here isolation is usually a matter of days, rather than weeks as with Scarlet Fever.
- “In hospital after the first fortnight, providing the weather is suitable, a patient is allowed out of doors, and the value of fresh air and sunlight in aiding a speedy and complete recovery cannot easily be over-estimated.
- “Return cases undoubtedly exist, but the number is comparatively small, and such cases are usually due to neglect of directions given by the hospital authorities which forbid the mixing of the patient with other children for some time after their return home.
- “The great objection to hospital treatment is expense, which is very heavy, and was, as you will doubtless remember, equal last year to a rate of 1/9 in the pound.
- “On the whole I think each case must be taken on its merits, and when there is a fair prospect of treatment at home being successful, home treatment should be adopted, simply on account of the cost of hospital treatment.”

*Droitwich Rural District.*

Dr. Wilkinson says:—

- “Scarlet Fever has been very prevalent in Hartlebury District from September 1903 to June 1904. The bulk of the cases notified during that period of nine months has been amongst the scholars attending the Hartlebury and Wilden Schools. There has been no evidence at all of infection due to milk supply, and the fact that so many cases have occurred during the year with no mortality, points to the prevalence of a mild type of the disease. Unrecognised cases of a very mild type attending School, are in all probability the cause of the spread of the disease. Fifty-six of the 77 cases of Scarlet Fever occurred in children at school-attending age.”

*Evesham Rural District.*

Seventy-six cases (1 death) were notified, which is an unusually large number, but this is not surprising, as the disease has been endemic in the Borough of Evesham for some time past.

The reason the disease did not become more prevalent was attributed to the fact that, occurring in country places, most of the cases were heard of, and promptly removed to Hospital.

*Halesowen Rural District.*

Dr. Young says:—

- “There has been an epidemic of this disease during the year, affecting chiefly Cakemore and Hill, and to a less extent



“Halesowen, Hasbury, and Quinton. It commenced at the beginning of the year and attained its maximum about August and September. Altogether there were 140 cases. The largest number were notified in the locality of Hill, viz., 55. Cakemore came next with 42.”

The cases removed to Hospital numbered 107. There were five deaths.

“This district is very unfortunately circumstanced with regard to the stoppage of notifiable infectious disease, inasmuch, as in two sides it has for its neighbours two authorities, (Oldbury and Rowley Regis (Staff.)), who have no provision and make no attempt at the isolation of Scarlet Fever. Added to this it was found that Scholars from a neighbouring district, where Scarlet Fever was prevalent, were coming to a School in the Halesowen District.”

*Kidderminster Rural District.*

Dr. Addenbrooke says of the 74 cases:—

“The disease has been of a mild type, and all these cases have recovered, but the district has not been free for any considerable time during the year from this disease, owing to its frequent importation from the Borough, and also to the fact that mild cases are sometimes overlooked, till infection has been spread. Sixteen cases of Scarlet Fever have been removed into the Borough Infectious Hospital, nearly all of them because proper means of isolation could not be obtained at home.”

*Martley Rural District.*

Dr. Greensill says:—

“Sixty-six cases were notified, and of these 31 occurred in 19 families in the parish of Hallow, the remainder occurred in the parishes of Areley Kings, Shrawley, Astley, Bransford, Leigh, Cotheridge, Grimley, Shelsley, and Lulsley. The Hallow cases were spread over the whole year, cases being notified every month with the exception of April, and although the number of cases never assumed the proportions of an epidemic the managers, on my advice, closed the schools for cleaning purposes in the month of March, and cases occurring again in July, the School broke up for the Summer holidays a week earlier than usual.

“Only seven cases of infectious disease have this year been removed to the Isolation Hospitals, against 27 last year and 34 the year before. It is probable that by the removal of a larger proportion of cases, a considerable number of cases of Scarlatina would have been prevented; on the other hand, Scarlatina is usually now such a mild disease that it is very doubtful whether the gain in the community is at all commensurate with the expense incurred by

“Hospital Isolation. The cost of isolating one of the re-  
 “moved cases was £34. This was a case which occurred in  
 “a cottage a few days after a previous case had returned  
 “from the Hospital.”

*Yardley Rural District.*

Dr. Wilson says:—

“There was only one death attributed to this disease, which  
 “occurred in the Joint Isolation Hospital—the patient hav-  
 “ing been removed from Sparkhill. The number of cases  
 “notified, however, amounted to 136, compared with a total  
 “of 216 during the previous year. These cases were dis-  
 “tributed as follows:—87 Sparkhill, 16 Greet, 19 Hay  
 “Mills, 9 Acock’s Green, 4 Yardley, and 1 Yardley Wood.  
 “The great majority of the cases were of an exceedingly  
 “mild type, and, as hitherto, the infection was mainly  
 “spread through attendance at school. Scattered cases kept  
 “cropping up during the year, but there was nowhere any  
 “threatened epidemic prevalence of the disease. Only 77  
 “of the cases were recommended for removal to Hospital,  
 “and the others were treated at home.”

The whole of the Scarlatina outbreaks last year were attributed to direct infection, and many Medical Officers mention how the Schools facilitated dissemination.

The extracts from the Annual Reports given above show that “mild cases” (frequently unrecognised) caused the disease to cling persistently to some districts; and that such cases too often frequently stultify the beneficial influence of Isolation Hospitals.

Dr. Robinson’s statement, that although but 2 of the 36 cases of Scarlatina notified were sent to the Isolation Hospital, yet “a second case in the same house was rare,” is interesting, and confirms his 1903 experience that “of the last 38 cases only 21 were “sent to Hospitals, and the spread of the disease was not more than “before.”

Such evidence is not now singular, and seems to show that mild cases of Scarlatina, although undoubtedly infectious, are not so infectious as the severe forms of the disease. As the type of Scarlatina has now, owing to improved sanitation and other reasons, become mild and less infectious, no doubt there is some force in Dr. Greensill’s statement that “it is very doubtful whether the gain to “the community is commensurate with the expenses incurred by “Hospital isolation.”

On the other hand, the Reports under review make it clear that under certain circumstances Hospital treatment of Scarlet Fever patients is all-important. For example, Dr. Corbet’s remarks on the Kidderminster outbreak emphasize this (p. 22).



As, however, opinions as to the utility of treating Scarlatina in Hospitals are now divided, I think the Local Government Board should institute an exhaustive inquiry into the subject, as they would then be able to express an authoritative opinion on the subject. Although such is my opinion it must not be assumed that I consider Hospitals for Scarlatina are useless—for I hold that in many instances Hospital treatment is essential.

Table VIII. compares the percentage of cases removed to Hospital from each District during 1902-04.

TABLE VIII.

District.	1904.			1903.			1902.		
	Total No. of cases notified.	Hospi- tal cases.	Per- centage of Persons treated in Hospital.	Total No. of cases notified.	Hospital cases.	Per- centage of Persons treated in Hospital.	Total No. of cases notified.	Hospital cases.	Per- centage of Persons treated in Hospital.
<i>Urban—</i>									
Bewdley Borough -	4	-	-	43	10	23	20	5	25
Bromsgrove -	9	8	88	106	101	95	114	106	92
Bromsgrove North -	20	16	80	68	54	79	18	13	72
Droitwich Borough -	19	14	73	15	11	73	4	4	100
Evesham Borough -	176	175	99	109	103	94	80	75	93
Kidderminster Borough -	299	236	78	590	489	82	189	159	84
King's Norton and Northfield -	352	305	86	399	352	88	524	461	87
Lye and Wollescote -	6	2	33	16	7	43	81	51	62
Malvern -	98	87	88	72	68	94	42	41	97
Oldbury -	64	-	-	170	-	-	518	1	0.1
Redditch -	17	15	88	140	114	81	79	75	94
Stourbridge -	23	9	39	39	24	61	96	65	67
Stourport -	36	2	5	108	89	82	22	18	81
<i>Rural—</i>									
Bromsgrove -	38	28	73	83	54	65	59	36	61
Droitwich -	77	49	63	68	49	72	40	28	70
Evesham -	76	76	100	9	9	100	32	29	90
Feckenham -	6	6	100	25	23	92	19	19	100
Halesowen -	140	107	76	77	51	66	103	80	77
Kidderminster -	74	16	21	103	56	54	97	71	73
Martley -	66	-	-	81	24	29	73	32	43
Newent -	-	-	-	6	-	-	-	-	-
Pershore -	28	27	96	51	50	98	59	58	98
Rock -	1	-	-	11	-	-	7	-	-
Shipston-on-Stour -	23	16	69	10	8	80	2	2	100
Stow-on-Wold -	-	-	-	-	-	-	-	-	-
Tenbury -	13	-	-	14	-	-	37	-	-
Tewkesbury -	6	4	66	6	3	50	1	-	-
Upton-on-Severn -	51	48	94	88	85	96	31	29	93
Winchcombe -	-	-	-	-	-	-	-	-	-
Yardley -	136	77	56	216	131	60	290	188	64

It will be noticed that only 5 per cent. of the Stourport cases, and none of those at either Oldbury or Martley, were sent to Hospital.

Eighteen Schools were closed during 1904 in consequence of outbreaks of Scarlatina.

### DIPHTHERIA AND MEMBRANOUS CROUP.

Table IX. shows the number of cases and deaths, and Hospital cases and Hospital deaths, from Diphtheria and Membranous Croup, and the Death-rate per 1,000 of population, in the Urban and Rural Districts collectively, and Administrative County during the years 1895-1904 inclusive, and also the corresponding rates for England and Wales.

TABLE IX.

Districts.		1904	1903	1902	1901	1900	1899	1898	1897	1896	1895
Urban (13)	Death Rate*	0·05	0·07	0·12	0·19	·20	·19	·11	·09	·14	·05
	Cases -	94	141	174	250	248	245	128	87	137	57
	Deaths -	12	15	26	36	51	39	21	13	18	6
	Hospital Cases -	25	33	32	-	-	2	5	2	2	1
	„ Deaths -	-	1	1	-	-	-	3	-	-	-
Rural (17)	Death Rate*	0·14	0·12	0·19	0·13	·14	·08	·11	·12	·20	·20
	Cases -	146	163	195	154	101	119	112	233	228	143
	Deaths -	25	21	28	21	20	14	17	25	42	40
	Hospital Cases -	13	13	13	24	3	7	14	12	-	-
	„ Deaths -	2	2	-	1	-	-	-	1	-	-
Administrative County (30)	Death Rate*	0·09	0·09	0·16	0·16	·20	·14	·11	·11	·10	·14
	Cases -	240	304	369	404	349	364	240	320	365	200
	Deaths -	37	36	54	57	71	53	38	38	60	46
	Hospital Cases -	38	46	45	24	3	9	19	14	2	1
	„ Deaths -	2	3	1	1	-	-	3	1	-	-
England and Wales -	Death Rate*	0·17	0·18	0·23	0·27	·29	·29	·20	·24	·20	·25

\* Per 1,000 of population.

This Table shows that there were fewer cases (240) in the County in 1904 than in any other year since 1898, when notification became general in Worcestershire.

It also shows that the mortality last year was the same as in 1903 (0·9), is lower than the rate in any other year on record, and only slightly more than half that for England and Wales.

Probably this is partly due to the general use of immune serum. This serum is still stored and distributed through my office;



but owing to less cases of Diphtheria having been notified, fewer bottles of serum were sent out last year. For instance—

157 bottles were distributed in 1904.

241     "     "     "     " 1903.

310     "     "     "     " 1902.

336     "     "     "     " 1901.

Two Schools were closed in consequence of outbreaks of Diphtheria.

Hospital isolation is very valuable in the case of Diphtheria, but I regret to say it is not so general as it might be.

Bacteriological Tests I have no doubt facilitate the detection of mild cases, and often lead to the exclusion of infectious children from School. I am very glad, therefore, to be able to record that all such tests are now made in your Laboratory without fee, provided the specimens are sent in by County Ratepayers.

On reference to Table V. it will be seen that when the respective populations of the various Districts are taken into consideration, the disease was not prevalent in any District, except Yardley where 85 cases and 14 deaths occurred.

Of these cases Dr. Wilson says:—

"Diphtheria caused 14 deaths, the same number as during the  
"previous year, representing a death-rate of 0.33 per 1,000.  
"The number of cases notified, however, was not so  
"numerous as during the previous year, having amounted to  
"85, compared with 116. Like Scarlet Fever, the disease  
"was mainly spread through school influence, and though at  
"no time was there any prevalence sufficient to warrant  
"school closure, the majority of the cases occurred during  
"the spring and late autumn. Many of the cases were  
"comparatively mild, but in a good many of the more  
"susceptible children, the disease assumed a severe type.  
"Of the total number, 52 were notified from Sparkhill, 31  
"from Greet, 1 from Acock's Green, and 1 from Yardley  
"Wood, but none from any other parts of the district. With  
"the exception of 7 severe cases, which were removed to the  
"Children's Hospital, Birmingham, 4 of which proved fatal,  
"all the other cases were treated at home. Every precau-  
"tion was taken in notifying the teachers, and in preventing  
"children belonging to infected homes from attending school  
"until some considerable time after the home had been dis-  
"infected and a clean bill of health established. But even  
"in very slight, and sometimes unsuspected cases, the in-  
"fection hangs about the throat for such an indefinite time  
"that it is often very difficult to get rid of the disease when  
"once it has invaded a school, except by prolonged closure."

*King's Norton and Northfield Urban District.*

Dr. Green says:—

- “ There were 30 cases of Diphtheria notified, the lowest number  
 “ for 10 years, being nearly 40 per cent. less than in 1903,  
 “ when there were 48 cases.  
 “ The last five years' average was 90.  
 “ There were 6 deaths, much the same as in 1903, a rate of 20  
 “ per cent.  
 “ The type of the disease, which has been very mild during the  
 “ last few years, is now showing signs of becoming more  
 “ severe.  
 “ It is unlikely that the number of cases will become lower than  
 “ in this year, but an increase is to be expected in the future.  
 “ The fact that sufferers from this disease may be going about,  
 “ be attending school, with no symptoms, except a slight  
 “ sore throat, or even may carry germs in their throats with-  
 “ out having Diphtheria themselves, shows the tremendous  
 “ difficulties in the way of checking the spread of this in-  
 “ sidious and fatal disorder.”

### FEVER.

Table X. shows the number of cases and deaths and Hospital cases and Hospital deaths in the Urban and Rural Districts, Administrative County, and England and Wales during 1895-1904 inclusive.

TABLE X.

Districts.		1904	1903	1902	1901	1900	1899	1898	1897	1896	1895
Urban (13)	Death Rate*	0·06	·06	0·12	0·07	·12	·14	·20	·14	·15	·10
	Cases - -	53	70	124	125	172	214	347	101	93	75
	Deaths - -	15	13	26	16	25	28	42	20	20	12
	Hospital Cases -	13	34	33	17	16	39	29	4	-	1
	„ Deaths -	4	5	1	2	5	2	4	-	-	-
Rural (17)	Death Rate*	0·017	·03	0·05	0·05	·07	·10	·20	·05	·07	·05
	Cases - -	34	63	61	60	60	95	131	67	73	97
	Deaths - -	3	6	9	8	12	17	15	11	14	9
	Hospital Cases -	8	7	4	5	4	29	30	3	17	18
	„ Deaths -	-	1	-	1	-	4	6	-	-	2
Administrative County (30)	Death Rate*	0·04	·05	0·09	0·06	·10	·12	·20	·09	·11	·07
	Cases - -	87	133	185	185	230	309	478	168	166	172
	Deaths - -	18	19	35	24	37	45	57	31	34	21
	Hospital Cases -	21	41	37	22	20	68	59	7	17	19
	„ Deaths -	4	6	1	3	5	6	10	-	-	2
England and Wales -	Death Rate*	0·09	0·10	0·13	0·16	·17	·20	·30	·16	·17	·17

\* Rate per 1,000 of population.



I am very glad to be able to report a further decline of Typhoid Fever, as indicated in Table X, which shows that only 87 cases were reported last year; whereas in previous years the number has never been less than 133, and in some years very much higher than this.

Table X. also shows that the County death-rate from this "filth" disease is on the decline.

This, too, is very satisfactory and an undoubted indication of progressive Sanitation.

Table V. shows the number of cases reported in each District.

*King's Norton and Northfield Urban District.*

Dr. Green says:—

- " There were 11 cases of this disease, the lowest number for eight  
" years, with a much increased population. There were two  
" deaths, a death-rate of 18 per cent. In addition, two  
" patients were admitted to Moseley Hall from outside the  
" district, who developed typhoid fever shortly afterwards,  
" having been infected outside.
- " Cases occurred in all the larger wards, one or two of them  
" being of somewhat doubtful diagnosis. No secondary  
" cases occurred in any house, and the infection in several  
" cases had been caught outside the district.
- " Two boys, 'caddies' at the King's Norton Golf Club, one re-  
" siding in King's Norton, and the other in Northfield,  
" caught fever about the same time.
- " The attacks were apparently connected in some way, either by  
" infection from a third unknown case, or from bathing in  
" the Rea.
- " Shortly afterwards, a labourer, working at a pipe track near  
" Wychall Lane, in the same neighbourhood, also took the  
" disorder. One case was notified from Rubery Asylum,  
" the first for nearly two years."

*Lye and Wollescote Urban District.*

Dr. Darby says:—

- It is "extremely probable that the reduction in the number of  
" cases of this disease may be accounted for by the greater  
" cleanliness of the District since the drainage has been taken  
" into the proper sewers, and the old privy midden is rapidly  
" becoming an exceptional arrangement.
- " Moreover, the nightsoil removal is, I have reason to believe,  
" much better carried out than it has been in previous years,  
" and there are few ashpits now that are not receiving fre-  
" quent attention."

Oldbury Urban District.

Dr. Buttery says:—

“ Sixteen cases of Typhoid were notified. There were seven  
“ deaths from the disease, but one occurred in West Brom-  
“ wich Workhouse, and we have to return it amongst our  
“ deaths. This is the smallest number of typhoid cases  
“ notified in Oldbury, and we are, I trust, beginning to  
“ benefit by the measures which have in recent years been  
“ adopted to prevent this fatal malady.

“ The paving of many of the yards, and the gradual substitution  
“ of the water carriage system for the filthy and insanitary  
“ privy-middens, which were the rule a few years ago, has  
“ greatly contributed to this improved condition of things.”

Puerperal Fever.

During the year 12 cases of Puerperal Fever and five deaths were notified. As it is a disease caused by germs conveyed to patients by dirty hands, syringes, sponges, &c., it is one of the risks lying-in women have to take. These risks, however, should now decrease owing to the passing of the “ Midwives Act,” and the precautions taken thereunder. It will again be referred to in my paragraph upon the “ Midwives Act 1902 ” (p. 74B).

DIARRHŒA.

Table XI. gives the number of Deaths and Death-rates from Diarrhœa during the years 1902-1904 inclusive.

TABLE XI.

	1904	1903	1902
Urban (13) deaths - - - -	128	76	51
Rural (17) deaths - - - -	49	28	15
Administrative County (30) deaths -	177	104	66
County death-rate per 1,000 of population	0·46	0·27	0·18
England and Wales Death-rate per 1,000 of population- - - -	0·86	0·50	0·38

I do not give the deaths from Diarrhœa prior to 1902, as the nomenclature of this disease was changed by the Registrar-General in that year. This Table shows that the number of deaths and Death-rates from Diarrhœa was considerably higher in 1904 than in either of the two preceding years; but that even so, the



mortalities for the County were about half those for England and Wales. Epidemic Diarrhœa is a "filth disease," associated to a large extent with meteorological conditions, and during spells of hot weather the mortality increases, and *vice versa*. Cold, damp summers no doubt accounted for the low mortalities of 1902 and 1903. To quote Dr. Cowley (Upton), who keeps a record of meteorological observations, there was "an extremely short summer, low temperature, with little sun, continued rainfall, much above the average." In 1904 however weather conditions favoured and actually caused a considerable increase of the Diarrhœa Death-rate. Dr. Cowley records "small rainfall and high temperature, and a large amount of "sunshine."

Dr. Ballard, of the Local Government Board, years ago came to the conclusion that Diarrhœa becomes prevalent as soon as the temperature reaches 56° F., as indicated by a thermometer placed 4 ft. below ground; and this view is now generally accepted to be correct. Local observations on this point, made in Districts where Diarrhœa is prevalent, would be interesting, and I believe instructive.

Table II. shows the Districts in which the deaths from Diarrhœa were registered.

*King's Norton and Northfield Urban District.*

Dr. Green says:—

- "It is probably due to some germ (or germs), which becomes  
"virulent when the earth's surface reaches a certain high  
"temperature, gains access to the food of infants, and being  
"admitted into the intestinal tract of the infant, causes cer-  
"tain grave disorders, which often prove fatal.
- "Contagion from one case to another, especially in "midden"  
"towns, by means of flies and dust, is practically certain,  
"and several cases often occur in the same tenement, and  
"the same court."

*Oldbury Urban District.*

For reference to the 55 deaths which occurred in this District, see paragraph on "Infantile mortality" (p. 36).

*Redditch Urban District.*

Dr. Stevenson says:—

- Diarrhœa "was very prevalent in the last week of July, month  
"of August, and first week of September. Sixteen deaths  
"were caused by it, fourteen of which occurred in August,  
"and fourteen of the victims were infants under one year  
"of age. It is many years since such a severe epidemic  
"visited the District, and the rise in the infant mortality  
"figure is chiefly due to this cause."

*Stourbridge Urban District.*

Dr. Freer says:—

“This disease was responsible for eight deaths all in children  
 “under one year, compared with 2 in 1903, and 4 in 1902.  
 “It will be seen that the death-rate from this disease is higher  
 “this year than it has been since 1899, and considerably  
 “above the average for the six previous years. This is in  
 “great measure explained by the unusually hot weather we  
 “experienced during the year.”

*Yardley Rural District.*

Dr. Wilson says:—

“As in other parts of the country, Diarrhœa became prevalent  
 “throughout the very warm weather which prevailed during  
 “the late summer and early autumn months and caused 36  
 “deaths, yielding the somewhat high death-rate of 0·87 per  
 “1,000 of the population.”

## INFANTILE MORTALITY.

Table XII. and Diagram compare the rates of Infantile Mortality in the Urban and Rural Districts collectively and the Administrative County with those of England and Wales for the years 1895-1904.

TABLE XII.

Districts.	Deaths of children under 1 year per 1,000 registered Births.									
	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895
Urban (13) - - -	133	122	117	145	153	151	156	164	168	161
Rural (17) - - -	116	108	106	116	115	117	115	127	122	112
Administrative County (30)	125	116	112	134	136	136	138	143	140	131
England and Wales - -	146	132	133	151	154	163	161	156	148	161

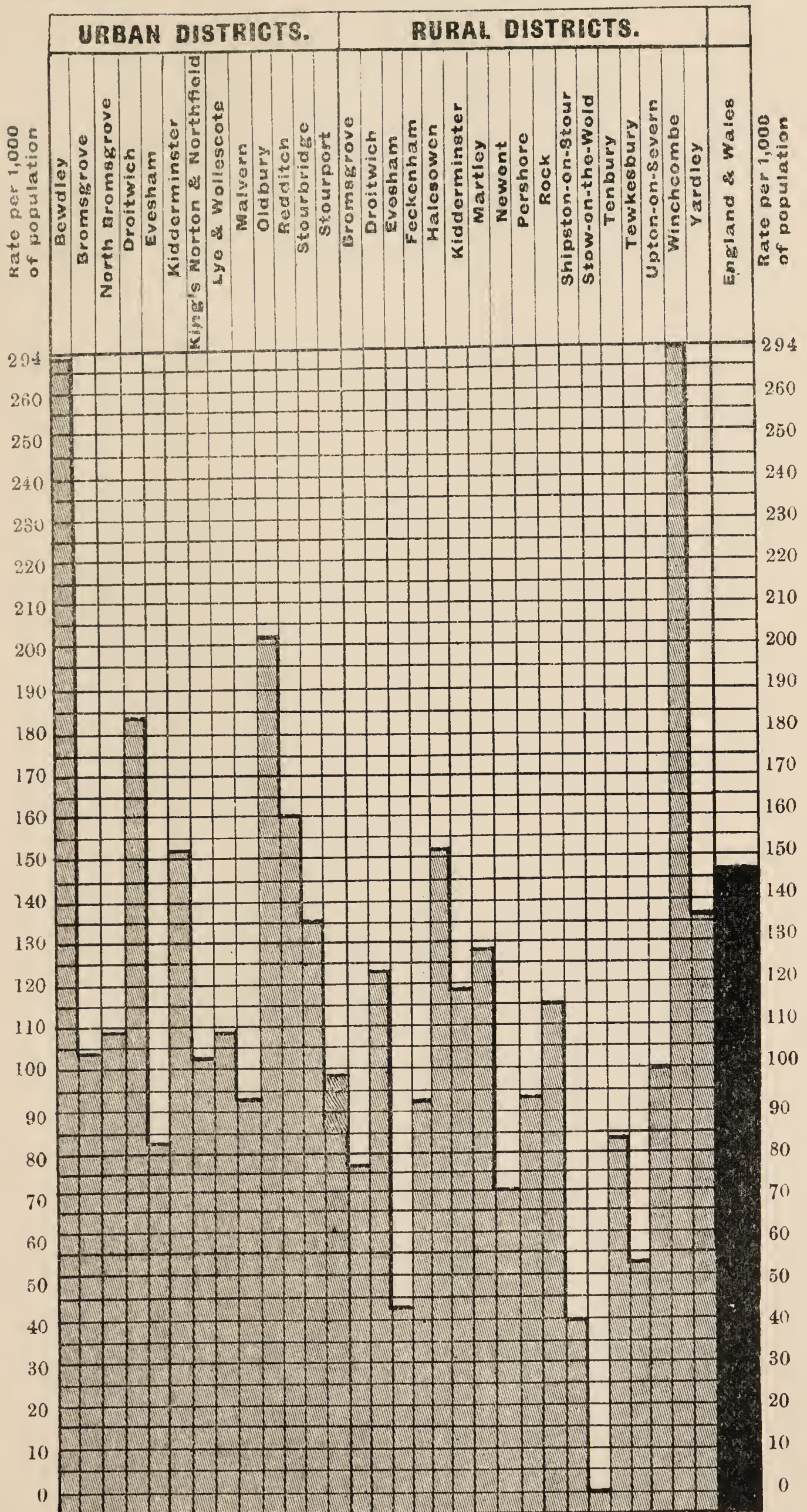
The County Infantile Mortality for 1904 (125) is higher than that of either 1903 (116) or 1902 (112); but considerably less than the corresponding rate for England and Wales (146), which the Registrar General explains is “9 per 1,000 below the mean for the “10 years, 1894-1903.”

I showed in my Annual Report for 1902 that Infantile and Diarrhœa Death-rates respectively rise and fall together and *ceteris paribus* are largely dependent on seasonal influences. For instance, in 1902, when low temperature, little sun, and continued rainfall prevailed, the Infantile Mortality of the County fell to 112 and the Diarrhœa Death-rate to 0·18, but with more sun, higher temperature, and less rain, in 1904 these rates rose to 125 and 0·46 respectively.



1904.

INFANT MORTALITY RATE PER 1000 BIRTHS.









This comparative statement applies to all the County Districts, but does not explain the high rates to be found in some of them, the reasons for which have been given in former Reports; but it may not be superfluous to repeat that potent causes are, want of knowledge, and carelessness in feeding, clothing, and training of infants, the employment of mothers in factories, in addition to overcrowding, and other insanitary conditions. Before discussing this question further, I would ask you to revert to Table II., when it will be seen that the County Infantile Rate last year (125) was exceeded in the following Districts, viz. :

District.	In 1904.	Average for years 1895-1904.
Bewdley Boro' - - - - -	294	126
Droitwich Boro' - - - - -	184	120
Kidderminster Boro' - - - - -	151	157
Oldbury Urban - - - - -	201	197
Redditch Urban - - - - -	160	166
Stourbridge Urban - - - - -	135	146
Halesowen Rural - - - - -	151	146
Martley Rural - - - - -	128	102
Winchcombe Rural - - - - -	333	134
Yardley Rural - - - - -	136	122

The following are some references to these Mortalities, contained in the Annual Reports.

*Bewdley Borough.*

Dr. Miles says:—

“ It will be noticed that 20 deaths occurred of infants under one  
“ year of age. This gives a rate of 294 per 1,000 children  
“ born, which is extremely high, but, as I pointed out in  
“ speaking of the extremely low rate last year, the statistics  
“ for any single year in a small population like this, are not  
“ of any very great importance. In the present case four of  
“ the infants only lived a few hours, owing to premature  
“ birth, whereas last year there were no such cases; also the  
“ number of Births was a good deal lower than usual, which  
“ increases the proportion of Deaths to Births.

“ Nine of the infants died from Bronchitis, mostly in the first  
“ quarter of the year, and five of Diarrhoea during the heat  
“ of the summer.”

*Droitwich Borough.*

Dr. Roden says:—

“ That the main cause of the high infant mortality (184) is due  
“ mainly to Whooping Cough (6 deaths) and Premature  
“ Births (6 deaths).”

*Infantile Mortality.**Kidderminster Borough.*

Dr. Corbet says:—

“During the year there died 95 Infants under one year of age;  
 “this is one below the average of the past ten years. We  
 “still continue to supply the Registrar with copies of in-  
 “structions on the care and feeding of infants, which are  
 “handed to every person who registers a birth.”

*Oldbury Urban District.*

Dr. Buttery says:—

“The number of children registered as having died under the  
 “age of one year is 192, which gives 201 deaths to each  
 “1,000 births; this is an increase on that of the previous  
 “year when it was 186 per 1,000 births. The principal  
 “cause of this increase was the high mortality from  
 “diarrhœal diseases mentioned above, 44 children under one  
 “year died from this disorder. These deaths are in a great  
 “measure due to improper feeding and nursing. But we  
 “have to take into account the fact that when the tempera-  
 “ture continues high for several weeks in succession there is  
 “always an increase in intestinal diseases, and, unfortu-  
 “nately, the very young children are always—unless very  
 “great care in their feeding is exercised—the principal vic-  
 “tims of these diseases. We are, in Oldbury, trying to  
 “obviate this state of things. During the summer months  
 “I sent out a large number of hand-bills, advising what pre-  
 “cautions were to be observed as regards food, also recom-  
 “mending all water to be boiled before being used for drink-  
 “ing purposes. Besides which, the lady health missionary  
 “was working amongst the poorer parts of the town, giving  
 “instruction and advice for the nursing of the young  
 “children. Another source of the increase in the fatality  
 “amongst infants were the deaths from chest affections, 36  
 “died from Bronchitis and Pneumonia, thus 80 infants died  
 “from these three causes alone. There were also 23 deaths  
 “of children prematurely born, which is a very regrettable  
 “and constant factor in our infant mortality in Oldbury.”

The County Health Missioner working at Oldbury says that during the year she found improvement with regard to nursing of babies, and that she always tries to impress upon mothers to attend to their own health and diet.

Clothing of infants is said to be defective in many cases.

*Redditch Urban District.*

Dr. Stevenson reports:—

“In 1904 there were 59 deaths under one year and 367 births;  
 “this give an Infantile Mortality of 160 per 1,000. During  
 “the preceding ten years the Infantile Mortality varied from



“ 78 in 1894 to 228 in 1896, and the average from 1894 to 1903 was 166.

“ Fifty-nine infants died during the year, and with the exception of 1903 this is the smallest total of infant deaths registered in any year for the past eight years. Last year the figure was 135, and the marked rise from 135 to 160 (disappointing as it is) is due (1st) to the severe epidemic of Diarrhœa in August, and (2nd) to the small birth-rate of the year.

“ The assigned causes of death were:—Epidemic Diarrhœa, 14; Premature Birth, 14; Congenital Debility, 8; Enteritis, 6; Bronchitis, 4; Tubercular Diseases, 3; other causes, 10; total, 59.

“ This year again Premature Birth and Congenital Debility (combined) head the list, being responsible for 22 deaths out of the total 59. I can only repeat what I said last year that it is extremely difficult to prevent these causes of death in a district like Redditch, where such a large proportion of the mothers work in factories right up to the day of their confinement.

“ As it has been proved again and again that bottle-fed babies are more liable to intestinal disorders than those fed solely by the breast, and as in Redditch fully 80 per cent. of the babies are bottle-fed, we must accordingly expect when visited by an epidemic of Summer Diarrhœa some such result as we find in 1904.

“ Hard as the Health Missioner (Mrs. Coffey) has worked she finds the greatest difficulty in persuading mothers to rely on breast-feeding alone. In very many cases it is impossible for the mothers to do it, as they return to work in the factories as soon as they are well after confinement, and only can feed the baby when they come in for meals or finish the day's work. The Health Missioner has been most painstaking and assiduous in the carrying out of her duties, and undoubtedly many young mothers have cause to (and do) thank her for her frequent visits and advice; but how often, how very often, has she been disappointed. The following are briefly the chief points in which she finds the mothers at fault: The persistence (despite all warnings and advice) in the use of the long-tubed bottles, irregular methods of feeding, want of knowledge and cleanliness in preparing the food, and keeping bottles clean and fit for use; the giving of bread and farinaceous foods to infants of unsuitable age; want of fresh air and daily bath for the baby.

“ The question of starting a crèche was discussed during the year, and although everyone agreed it would be most useful, the matter was allowed to drop owing to expense.”

*Infantile Mortality.**Stourbridge Urban District.*

Dr. Freer says:—

“There were 63 deaths of children under one year of age, and  
 “of these Premature Birth caused 13 and Diarrhœa 8. The  
 “increased infant mortality is due to the very severe epidemic  
 “of Measles we experienced during the first half of the  
 “year and which accounted for 34 deaths in children under  
 “five years of age.”

The Health Missioner reports as follows:—

“During the year 1904 I have visited 244 infants and paid 734  
 “visits.

“I think the infant feeding among the labouring class is on the  
 “whole satisfactory for the past year, more infants having  
 “been fed at the breast, and less bread, etc., given than  
 “during any year that I have worked here. This applies to  
 “women with three or more children.

“On the other hand, there are a number of young women with  
 “their first infant with no breast milk, or very little.

“These women are rather difficult to deal with. They can  
 “generally afford to buy any patent food that takes their  
 “fancy at the most impressionable moment, and the one  
 “selected is generally that advised by the Midwife in attend-  
 “ance. The Midwife, if she does nothing worse, invariably  
 “advises a little gruel until the milk comes.

“As we are likely to have the Certified Midwife with us for  
 “some time to come, I think she might be given some definite  
 “instruction as to the making of artificial mother’s milk,  
 “barley water, albumen water, etc.”

*Halesowen Rural District.*

Dr. Brett Young makes no reference to the Infant Mortality  
 (151) of this District.

The Annual Report of the Health Missioner shows that she  
 has visited 550 infants during the year and deplores that some mothers  
 should work in the Workshops until their confinement commences, and  
 resume work a fortnight later.

*Martley and Winchcombe Districts.*

These rates are accidental.

*Yardley Rural District.*

Dr. Wilson says:—

“The number of deaths of infants under one year of age  
 “amounted to 160, representing a rate of infant mortality  
 “of 136 per 1,000 births, which, though not excessive, is



“considerably above the average of the previous ten years.  
“This increase in the rate of infant mortality is partly due  
“to the prevalence of infantile Diarrhœa in the late summer  
“and autumn months, but it is also largely due to the  
“large number of deaths registered as premature births,  
“which amounted to 32, compared with 14 during the pre-  
“vious year.”

*Bromsgrove Urban District.*

Referring to the Bromsgrove Urban rate (103) Dr. Kidd says :  
“The infantile death-rate this year, shews a marked improve-  
“ment, being 103 per 1000, as compared with 111 last year.  
“The improvement in the infantile mortality has been so  
“steadily maintained of recent years that I cannot refrain  
“once more from drawing special attention to it. If we  
“look at the table accompanying this report, in which the  
“infantile death-rate for the last ten years is recorded, it  
“will be seen that while the average for 10 years past is  
“116 per 1,000, the average for the first half of this decade  
“was 139, while for the last five years the average is only  
“92 per 1,000. Five years is a sufficiently long period to  
“show that this improvement is a real one, and I cannot  
“help hoping that this is a direct result of all the efforts  
“which have been made to improve the condition of child  
“life in this town. Believing as I firmly do that feeding  
“and diet have more than anything else to do with the sub-  
“ject of infantile mortality, I have for years been preaching  
“the importance of a milk diet alone in the case of bottle-  
“fed infants, and the figures shown in this table are pro-  
“foundly gratifying to me, for I am convinced that they  
“prove that there has been an improvement of general  
“popular knowledge among us on this subject, and that the  
“direct result has been that fewer babies have died than  
“otherwise would have been the case.”

*Lye and Wollescote Urban District.*

Dr. Darby says:—

“The Infant Mortality, too, is remarkably low, and it would  
“appear that the work of the Health Missioner, the Day  
“Nursery, and the various ways of helping and educating  
“the people are having a salutary effect.  
“The Day Nursery or Creche was formally opened by  
“the President, Viscountess Cobham, on January 15th 1904.  
“The scheme has not been responded to in the way it was  
“expected it would. The average number of children per  
“day is 3 or 4, some days there may be 5 or 6, or some days  
“only one. The outside help, in funds, and ladies and  
“gentlemen who take an interest in the matter are forth-  
“coming, but the babies are not sent in such numbers as to

“satisfy the committee at present. The committee take into consideration the extremely depressed state of trade and lack of work, and hope for better results yet. They have decided to go on with the work, but are endeavouring to find a house at less rental.”

From these statements of the Medical Officers it will be gathered that unusual prevalence of Diarrhœa, Measles, Whooping Cough, Lung Affections, Premature Birth, and Factory influences have been causes of the recent excessive mortalities in their Districts.

It is very gratifying to notice that in the Bromsgrove Urban District the mortality showed “a marked improvement” and that Dr. Kidd is able to state that after he has “for years been preaching the importance of a milk diet alone in the case of bottle-fed infants (he is) convinced that (the infantile mortality rate of 1904 proves) there has been an improvement of general popular knowledge among us on this subject, and that the direct result has been fewer babies have died than otherwise would have been the case.” Necessary, as no doubt it is, for some children to be “bottle-fed” still, as Dr. Stevenson (Redditch) remarks: “it has been proved over and over again that bottle-fed babies are more liable to intestinal disorders than those fed solely by the breast, and, as in Redditch, fully 80 per cent. of babies are bottle-fed, we must accordingly expect when visited by an epidemic of summer diarrhœa some such result as we find in 1904.” Each of your Health Missioners established at Redditch, Stourbridge, Lye, Halesowen, and Oldbury respectively, has worked hard to instil into the minds of mothers what the dangers of “bottle-feeding” are, and that the “long tubed bottles” should never be used, as the tubes become coated with dirt, and are fertile sources of Infantile Diarrhœa. The interviews I have from time to time with your Health Missioners enable me to confirm Dr. Stevenson’s remark that “many young mothers have cause to (and do) thank (them) for (their) visits and advice; but how often, very often, (have they) been disappointed.” In short, I agree with Dr. Darby “that the work of the Health Missioners, . . . is having a salutary effect.” The necessity of educating mothers in the feeding and rearing of infants has also evidently been appreciated by the King’s Norton Council, for I am glad to say that they have recently appointed a Lady Health Missioner.

The state in which milk is delivered to house-holders, and especially those resident in towns, has an important influence upon Infantile Mortality, and I believe milk contaminated by cow-dirt, disease germs, &c. (see paragraph on “Dairies and Cowsheds,” p.70) is too often given to infants. To cope with this it has been suggested that milk should be “sterilized” and supplied by Local



Authorities. With regard to the advantages and disadvantages of "sterilized" milk, medical opinions differ, some doctors holding that such milk if used for any length of time is harmful. On this point the opinions and experience of District Medical Officers would be of value, so I venture to throw out the hint that I hope in future Annual Reports, their views, or at least of those who have practical experience, may be given. In Paris, free distribution of milk in sealed bottles is undertaken at certain Hospitals, and in England, municipal depots where pure milk can be bought, have been established in a few Towns; but I believe those Authorities who have tried the latter, as an experiment, have found it cannot be carried out without a considerable call upon the rates.

Another useful way of combating Infantile Mortalities,—especially in a factory town—is the establishment of "Day Nurseries" or "Creches." These Institutions are most desirable, but unfortunately local prejudices too often are against them, and many mothers prefer to pay some old woman to take care of their children in insanitary and over-crowded dwellings, rather than place them under properly trained persons residing in healthy houses.

A "Creche" was opened at The Lye on January 15th, 1904, but unfortunately Dr. Darby says, "the scheme has not been responded to in the way it was expected it would . . . (but) the Committee take into consideration the extremely depressed state of trade and lack of work, and hope for better results yet. They have decided to go on with the work, but are endeavouring to find a house at less rental."

In Redditch "the question of starting a Creche was discussed during the year, and although everyone agreed it would be most useful, the matter was allowed to drop owing to expense."

The injurious effects of factory influences on infants and unborn children are well-known, and as Dr. Stevenson says, "it is extremely difficult to prevent these causes of death in a district like Redditch, where such a large proportion of the mothers work in factories right up to the day of their confinement . . . and return to work in the factories as soon as they are well enough after confinement." It will also be noticed that the County Missioner at Halesowen deplores that some mothers work in workshops until their confinement commences, and resume work a fortnight later. There is no law to prevent mothers working in factories until their confinement commences: but Section 61 of the "Factory and Workshops Act 1901" reads "An occupier of a factory or workshop shall not knowingly allow a woman or girl to be employed within four weeks after she has given birth to a child," so I have asked your Health

Missioners to give special attention to this point, and should they detect any infringement of this law, to at once report the fact to the Medical Officer of Health.

## TUBERCULOSIS (PHTHISIS).

Table XIII. and Diagram show the "Phthisis" Death-rates of the County, and of the respective Districts during the years 1895-1904 inclusive.

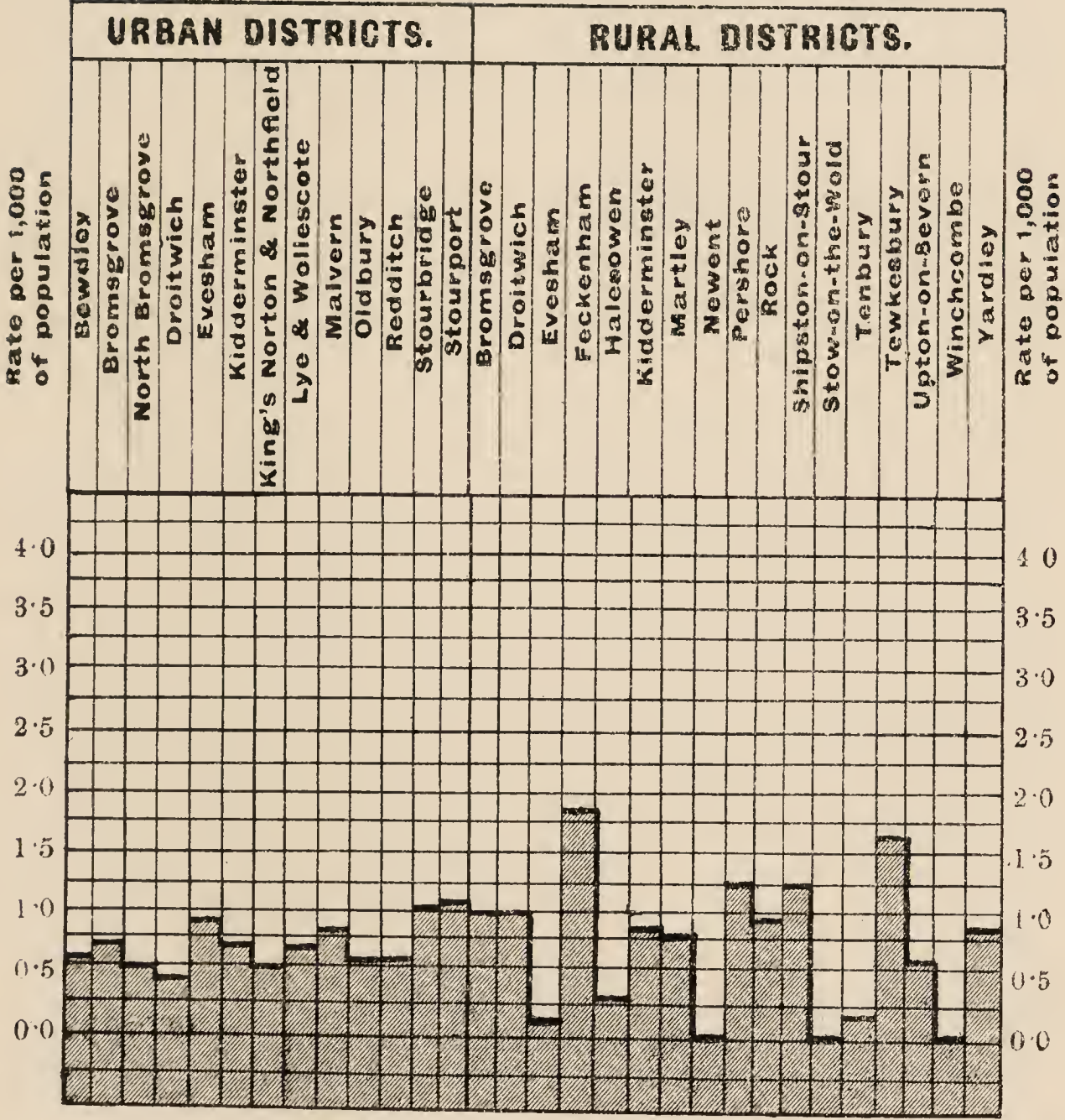
TABLE XIII.

Districts.	Average for years 1895 to 1904.	Rate per 1,000 of Population.									
		1904.	1903.	1902.	1901.	1900.	1899.	1898.	1897.	1896.	1895
<i>Urban.</i>											
Bewdley Borough	0.5	0.6	0.6	1.0	0.0	0.3	0.3	0.6	.6	.6	1.3
Bromsgrove	0.9	0.7	0.2	0.8	1.5	1.0	0.6	0.8	1.2	1.3	1.5
Bromsgrove North	0.5	0.5	0.17	0.6	0.8	0.3	0.5	0.3	.3	.3	1.3
Droitwich Borough	1.0	0.4	0.7	0.9	2.1	0.6	0.9	0.7	1.4	1.6	.9
Evesham Borough	0.7	0.9	1.2	0.7	0.5	0.9	0.9	0.2	.6	.5	1.3
Kidderminster Borough	1.0	0.7	0.9	1.0	1.1	1.2	1.1	0.8	1.3	.9	1.5
King's Norton and Northfield	0.9	0.5	0.7	0.7	1.2	0.9	0.8	1.0	1.1	1.1	1.1
Lye and Wollescote	0.6	0.7	0.5	0.9	0.6	0.2	0.6	0.7	1.2	.5	.8
Malvern	0.8	0.8	0.5	0.5	0.8	0.5	0.7	1.0	.9	.9	1.8
Oldbury	0.6	0.6	0.4	0.5	0.5	0.7	0.4	0.9	.6	.8	1.2
Redditch	1.2	0.6	0.9	1.2	1.3	1.7	0.9	1.5	1.6	1.4	1.7
Stourbridge	0.8	1.07	1.4	0.9	1.0	0.7	0.5	0.4	1.0	.9	.7
Stourport	0.9	1.1	0.2	2.2	0.4	0.7	0.9	0.9	1.0	1.1	1.4
Urban death rate	0.8	0.7	0.6	0.85	0.9	0.7	0.7	0.7	0.9	0.8	1.2
<i>Rural.</i>											
Bromsgrove	0.9	1.0	1.0	0.9	1.2	0.8	1.1	1.3	1.0	.7	.8
Droitwich	0.7	1.0	0.6	0.5	0.7	0.5	0.7	1.1	.8	.9	.9
Evesham	0.6	0.2	0.7	0.7	0.6	1.2	0.8	0.4	.4	.9	.7
Feckenham	1.0	1.8	0.7	1.0	0.7	1.7	0.6	0.6	.6	1.0	1.7
Halesowen	0.5	0.3	0.8	0.5	0.8	0.5	0.5	0.5	.09	.4	.6
Kidderminster	0.6	0.8	0.6	0.8	0.7	1.0	0.7	0.7	.5	.4	.4
Martley	0.6	0.7	0.7	0.9	0.4	0.6	0.6	1.2	.3	.7	.6
Newent (part)	0.6	0.0	0.0	0.8	0.9	0.8	0.7	1.5	1.5	0.0	.7
Pershore	1.0	1.3	0.8	0.8	1.3	1.2	1.1	0.7	.7	.9	1.5
Rock	0.3	0.9	0.4	0.9	0.4	0.4	0.4	0.0	.4	0.0	0.0
Shipston-on-Stour	0.7	1.3	0.8	0.8	0.2	0.6	1.4	0.9	.8	.5	.5
Stow-on-the-Wold (part)	1.7	0.0	3.0	3.0	0.0	0.0	2.9	0.0	0.0	8.9	0.0
Tenbury	0.4	0.2	0.4	0.2	0.8	0.4	0.2	0.6	0.0	.8	.8
Tewkesbury (part)	1.4	1.74	1.7	2.0	0.8	0.4	1.2	2.0	.8	1.2	2.4
Upton-on-Severn	0.9	0.6	0.8	1.1	0.4	1.0	1.2	0.7	.6	1.1	1.5
Winchcombe (part)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Yardley	0.7	0.8	0.7	0.8	0.7	1.1	0.6	0.8	.8	.6	.8
Rural death rate	0.7	0.7	0.8	0.83	0.6	0.7	0.8	0.8	0.5	1.1	0.7
County death rate	0.7	0.7	0.7	0.84	0.7	0.7	0.79	0.7	0.7	1.0	.9



1904.

PHTHISIS DEATH-RATES.







This Table shows that the County death-rate from Phthisis has been stationary for some years past, and that only thrice during 10 years, has it exceeded 0·7 per 1,000 of the population, viz., in 1902 (0·84), in 1896 (1·0), and in 1895 (0·9).

If you will turn to Table II., you will see that during 1904, 293 deaths were caused by Consumption, as compared with 80 deaths from Scarlet Fever, Diphtheria and Typhoid Fever collectively.

At the Consumption Conference the County Council convened in February 1901, Sir James Crichton-Browne said "I do not myself believe that the decline in the mortality from consumption will be maintained in the near future as it has been in the past, without new and special efforts being put forth. That decline has been traceable to subsoil drainage, to sanitary reforms, to increased cleanliness—personal and domestic—to better food, to the improved conditions of life generally. . . . But the beneficent effects of these great sanitary reforms and improved conditions of life as affecting the public health and especially as affecting the mortality from Consumption are perhaps approaching exhaustion."

The statistics I have just given testify to the accuracy of these words, and especially those last quoted.

Sir James goes on to say "If that kind of treatment which is popularly known as the open-air, or Sanatorium system, can be but generally adopted, then I do not hesitate to affirm that large numbers of consumptive patients who must hitherto have been sentenced to death, will be rescued, and restored to health and usefulness."

The good work which the Worcestershire Association for the prevention of Consumption are carrying out at their open-air Sanatorium at Knightwick, is shown in their second Annual Report; for it appears that between November 1902 and December 31st 1904, 215 persons applied to be admitted; of these 64 were treated in 1904, as compared with 49 in 1903. But as the funds only support 22 beds it will at once be obvious that as there are probably 1,500 cases in the County, this admirable institution can only deal with quite a small proportion of them.

The disease was arrested in 87 per cent. of the "early" cases admitted in 1904. It should be explained that the term "arrested" means, that when a patient is discharged, there is no fever, no expectoration, and no sign of active disease in the lungs.

Of the more advanced 1904 cases (21 in number), 9 were under treatment when the Report was issued. Of the 12 patients discharged, 2 became seriously ill, 4 reported their health to be satisfactory, and 4 were able to resume their occupations.

The results of the treatment of "advanced cases" were not satisfactory, and it becomes more evident as experience is obtained that they do not as a rule derive permanent benefit by the treatment.

Only one patient was re-admitted, owing to relapse.

The average number of patients in the Sanatorium is usually 19 or 20; male applicants being much more numerous than females.

The average length of the treatment in cases in the early stages is 13 to 14 weeks, and of cases more advanced (omitting those sent out as unsuitable and hopeless) about 22 weeks.

Several of the severer cases have been retained from seven to nine months, in the hope (usually vain) of effecting more permanent benefit.

The average gain in weight on discharge has been: Men, 21lbs.; women, 18lbs.

The necessity for such an Institution having been amply proved, efforts are being made, and apparently with much success, to purchase the Sanatorium, in order to establish it as one of the permanent Institutions of the County.

*Oldbury Urban District.*

Dr. Buttery says:—

“There was an increase in the death-rate for 1904 (0·6) and  
“the District has done its best to stem the tide against this  
“disease, by sending patients to the Consumption Sana-  
“torium at Knightwick. Of 8 patients sent there, four  
“have returned to their employment, two others are much  
“improved, and two have died.

This Dr. Buttery considers, satisfactory, as in several cases the disease was fairly advanced before discovery. He thinks “that these results ought to spur the Subscribers to make further efforts.”

*Martley Rural District.*

Dr. Greensill urges the District Council to issue a leaflet with regard to the precautionary measures which should be observed by phthisical patients at houses where cases are known to occur, and advises that an offer to disinfect the house should be made where death occurs.

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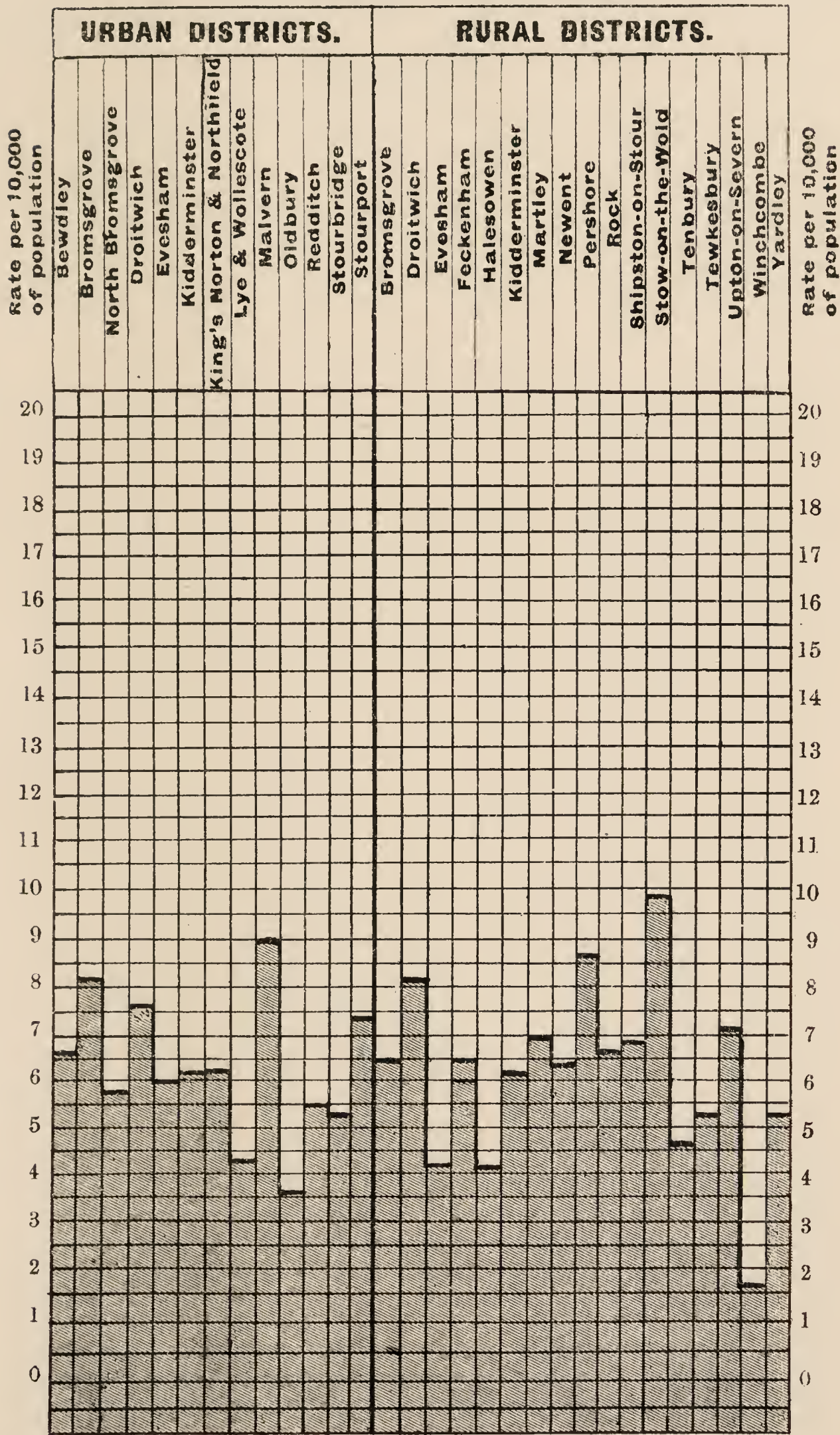
Spraying and disinfection of rooms frequented by phthisical patients is carried out in several Districts; and apparently the public are becoming more alive to the fact that Phthisis is an infectious and preventable disease.

In his Annual Report on the Redditch Urban District, Dr. Stevenson refers to the Knightwick Sanatorium and adds that all the cases sent there from that District were materially benefitted.

The experience therefore of Oldbury and Redditch will, I hope, induce other authorities to support this Institution.



# AVERAGE CANCER DEATH RATES PER 10,000 OF THE POPULATION, FOR THE YEARS 1895-1904.







## CANCER.

Table XIV. and Diagram shows the Cancer Death-rates of the County and respective Districts during the years 1895-1904 inclusive per 10,000 of the population.

TABLE XIV.

Urban Districts.	Average for years 1895 to 1904 per 10,000 of popula- tion.	Rate per 10,000.									
		1904.	1903.	1902.	1901.	1900.	1899.	1898.	1897.	1896.	1895.
Bewdley Borough -	6.6	6.9	10.4	3.4	6.0	10.4	6.8	10.0	0.0	6.9	6.0
Bromsgrove -	8.2	4.6	11.0	10.6	10.7	10.5	7.0	9.0	6.0	7.0	6.0
Bromsgrove North	5.8	11.1	6.8	3.4	5.0	1.8	5.5	1.8	7.0	7.0	9.0
Droitwich Borough	7.6	19.0	10.9	0.0	7.0	9.0	2.3	9.0	4.0	11.0	4.5
Evesham -	6.0	5.6	14.0	2.0	2.0	7.0	7.0	11.0	5.0	5.0	1.6
Kidderminster -	6.2	9.3	9.3	11.0	8.0	10.0	10.8	0.0	4.0	0.0	0.0
King's Norton & Northfield -	6.2	7.7	7.6	4.0	8.9	7.0	6.8	5.0	4.0	4.0	7.0
Lye and Wollescote	4.3	2.6	6.2	7.2	4.0	7.0	7.0	3.0	4.8	0.9	0.9
Malvern -	9.0	1.3	11.0	10.0	12.0	11.0	10.0	10.7	9.0	3.0	12.0
Oldbury -	3.6	7.6	2.7	6.0	4.0	4.0	4.0	0.3	1.0	3.0	3.7
Redditch -	5.5	9.7	9.2	8.0	8.0	6.0	0.0	4.0	0.8	3.0	6.7
Stourbridge -	5.3	8.9	9.0	7.2	6.0	6.0	4.0	0.6	4.0	7.0	0.6
Stourport -	7.4	13.0	15.0	6.0	11.0	3.6	1.0	7.0	7.0	8.3	2.8
Urban Death-rate	6.7	8.2	9.4	6.6	7.1	7.1	6.6	4.4	5.9	5.8	6.2
Rural Districts.											
Bromsgrove -	6.5	8.1	13.2	9.0	7.0	5.0	4.0	7.0	2.0	4.0	6.0
Droitwich -	8.1	10.8	10.7	9.0	7.0	8.3	3.6	7.0	9.0	7.0	9.0
Evesham -	4.2	1.3	7.0	6.0	6.0	7.0	0.0	5.0	5.0	1.4	4.0
Feckenham -	6.4	7.2	11.0	3.0	16.0	11.0	1.7	3.0	1.7	8.0	1.7
Halesowen -	4.1	5.5	3.0	4.6	7.0	3.0	2.0	4.0	5.0	4.0	3.0
Kidderminster -	6.2	9.1	3.9	10.9	5.9	7.0	5.0	7.0	4.0	3.8	6.2
Martley -	6.9	6.9	3.0	7.0	13.0	8.0	7.0	4.6	8.0	7.6	4.6
Newent (part) -	6.4	16.0	17.0	16.0	0.0	0.0	15.0	0.0	0.0	0.0	0.0
Pershore -	8.7	8.5	8.0	10.0	8.0	6.0	8.0	12.0	10.0	9.0	8.0
Rock -	6.6	4.6	18.0	14.0	0.0	4.0	13.0	0.0	13.0	0.0	0.0
Shipston-on-Stour	6.8	6.5	4.0	4.0	12.0	6.0	6.0	9.0	11.0	6.0	4.0
Stow-on-the-Wold (part)	9.9	34.2	0.0	0.0	0.0	0.0	0.0	59.0	5.9	0.0	0.0
Tenbury -	4.6	4.1	6.0	4.0	6.0	8.0	12.0	0.0	6.0	0.0	0.0
Tewkesbury (part)	5.3	17.4	0.0	8.0	4.0	0.0	4.0	0.0	8.0	0.0	12.0
Upton-on-Severn -	7.1	6.0	10.0	1.0	4.0	7.0	11.0	7.3	13.0	6.0	6.0
Winchcombe (part)	1.6	0.0	0.0	8.6	0.0	0.0	0.0	0.0	7.8	0.0	0.0
Yardley -	5.3	7.4	7.5	5.0	7.0	6.0	4.0	3.0	8.0	6.0	0.0
Rural Death-rate	6.1	9.0	7.0	7.6	6.1	5.0	5.3	5.8	6.0	4.3	3.8
County Death-rate	6.4	8.6	8.2	7.1	6.6	6.0	6.4	5.0	6.0	4.8	4.9

I continue to give the Statistics of Cancer in the hope that eventually they may be of service, but hitherto I regret to say knowledge as to the causation and prevention of this disease has not materially advanced; although a good deal of negative evidence has been forthcoming during the past year or two.

## ISOLATION HOSPITALS.

The Isolation Hospital accommodation of the County has been fully discussed in each of my previous Annual Reports, so I think it unnecessary to refer to the subject now at any length.

The Stourbridge Urban, Lye and Wollescote Urban and Halesowen Rural Districts, which are under the control of the Stourbridge and Halesowen Joint Hospital Committee are, however, not in this fortunate position; inasmuch as the Hospital Committee have absolutely no provision for Smallpox; nor have they made any arrangements for dealing with cases which may crop up in those Districts. Consequently, the County Sanitary Committee have informed the Hospital Committee that unless within six months from the 22 July, 1905, the Joint Hospital Committee make adequate provision for the reception of any cases of Smallpox which may occur in their District, the County Council will be recommended to utilize their powers under the Isolation Hospital Acts and themselves carry out the work and charge the cost thereof to the Hospital Committee.

*Oldbury Urban District.*

Dr. Brett Young (Halesowen) says:—

“(His) District is very unfortunately circumstanced with regard  
 “to the stoppage of infectious disease, inasmuch as on two  
 “sides, it has for its neighbours two authorities who have  
 “no provision and make no attempt at the Isolation of  
 “Scarlatina. Added to this, it was found that scholars from  
 “a neighbouring district where Scarlatina was prevalent  
 “were coming to a School in the Halesowen District.”

The Districts, Dr. Young refers to are Oldbury, and Rowley Regis (Staffordshire) and on the 3rd November 1904, the Clerk of Halesowen Rural District Council wrote to the County Council calling attention to the fact that those Authorities, whose Districts adjoin the Halesowen Rural District did not isolate patients suffering from infectious diseases, consequently disease is introduced into their District and the good results of isolation carried out at Halesowen greatly minimised. As a result of this, your Clerk communicated with the Staffordshire County Council who replied on the 6th November that the question of Hospital provision for general infectious cases in that County would again soon engage the attention of the Council. The Oldbury Council replied that they had no observations to make except that the statement of the Halesowen Rural District Council did not correctly give the facts.

The Oldbury Council informed your Committee on August 15th 1904, that the draft agreement with the Corporation of Smethwick for the provision of a Joint Infectious Diseases Hospital under Section 131 of the Public Health Act, 1875, had been settled and submitted to the Local Government Board for approval; as a year has



elapsed since that was done, I would suggest that the Oldbury Council be asked how the matter now stands.

*Tenbury Rural District.*

Dr. Whitaker says :—

- “ As regards the isolation of cases of infectious disease, you  
“ have only provided for Smallpox, the joint Hospital at  
“ Cleobury being available. The projected accommodation  
“ for Scarlet Fever and Diphtheria has not yet gone beyond  
“ the plan stage it reached two or three years ago.  
“ I feel sure that Tenbury town in particular as well as the  
“ hop growers would find the great benefit of some such  
“ provisions as was then outlined. A number of years of  
“ comparative immunity from serious fevers has developed  
“ a false sense of security which may at any time have a  
“ rude awakening. We are still without the services of a  
“ disinfecter for bedding and outer clothing.”

*Tewkesbury Rural District.*

Dr. Turner says :—

- “ I would point out that under existing circumstances, the only  
“ provision which you have for the isolation of Smallpox cases  
“ is the hospital tent, and that if the Tredington Hospital  
“ should be occupied by patients suffering from Scarlet Fever  
“ or Diphtheria, it would not be permissible to erect it in  
“ the Hospital enclosure, and therefore there would be no  
“ site available.”

*King's Norton Urban District.*

Dr. Green says :—

- “ The two new blocks are practically completed, and are a great  
“ credit to the designers and builders.  
“ We now have an additional twenty beds for Diphtheria, and  
“ twelve for isolation purposes, or for treatment of Typhoid  
“ Fever, or other diseases.  
“ Great improvement has been made in the lighting of both the  
“ wards and the grounds, incandescent gas having succeeded  
“ dim oil lighting, with its dangers of fire in the wards.  
“ Two new heating boilers have been put down, and four bath-  
“ rooms added to the two acute blocks.  
“ A steam laundry has supplanted the original hand laundry, with  
“ great improvement in washing efficiency.”

*Upton-on-Severn Rural District.*

Dr. Cowley says :—

- “ By far the most important event occurring in this District  
“ was the completion of the Isolation Hospital. It was

“opened on August 13th under very happy circumstances.  
 “ . . . . . The hospital cannot be considered to be  
 “ complete for the isolation of more than one disease, without  
 “ the addition of another small block. This was originally  
 “ included, but the contract was so much in excess of the  
 “ estimated sum, that it was left out.”

Referring to the Smallpox Hospital accommodation of this District, Dr. Cowley says :—

“ The iron buildings which had formed the old Isolation Hospital  
 “ at Malvern were removed in the early part of the year to  
 “ the site at Welland, and came in opportunely for the out-  
 “ break I have mentioned at Earl’s Croome. Three cases  
 “ were treated there.”

#### *Yardley Rural District.*

Dr. Wilson, beyond referring to my recent report upon Yardley Isolation Hospital, makes no reference to this subject, but in his report for 1903, he advised that instead of erecting a separate Hospital for Yardley, it would entail a vastly smaller proportionate outlay in the first instance, and greatly reduce annual expenditure in establishment expenses, if the present Hospital were extended; and he estimated that a new Hospital for Yardley would cost £12,000, whereas the capital outlay necessary to extend the present buildings would not exceed half that sum.

The Report I have just presented to you (3 June, 1905), shows that in my opinion the Yardley Joint Hospital can no longer meet the requirements of the Yardley and Solihull Districts, or indeed of Yardley alone; for when that Hospital was built, the estimated population it was intended to serve amounted to 18,000, but Dr. Wilson now thinks (Annual Report, 1904) that the population of the Joint Hospital District is 56,950 (Yardley 41,500, and Solihull 15,450): so that the position of affairs at the present time wholly differs to what it was 29 years ago: or even in 1890, when the “convalescent block” was added, the estimated population then being 30,500.

Further consideration of this subject has been deferred until the Conference between the Warwickshire and Worcestershire County Councils, and the District Councils of Yardley, Solihull and Meriden, is held, and which will probably be in October next.

#### DISINFECTION.

Under the Midwives’ Act of 1902, Local Authorities are required by the Rules of the Central Midwives’ Board to supervise disinfection of clothes, of a Midwife who has attended a woman suffering from Puerperal Fever or other illness supposed to be infectious.



The Rule in question reads as follows :—

“ Whenever a Midwife has been in attendance upon a patient  
“ suffering from Puerperal Fever, or from any other illness  
“ supposed to be infectious, she must disinfect herself and  
“ all her instruments and other appliances, to the satisfaction  
“ of the local sanitary authority, and must have her clothing  
“ thoroughly disinfected before going to another labour.  
“ Unless otherwise directed by the local supervising authority  
“ all washable clothing should be boiled, and other clothing  
“ should be sent to be stoved (by the local sanitary  
“ authority), and then exposed freely to the open air for  
“ several days.”

So far as I can gather, Bewdley Corporation, Stourport Urban Council, and Feckenham, Martley, Newent, Rock, Shipston-on-Stour, Tenbury, Tewkesbury, and Winchcombe Rural District Councils have made no provision for disinfecting infected clothing by means of an efficient apparatus. Therefore, under present arrangements, it would be useless for Midwives in these Districts to send their infected clothing “ to be stoved by the Local Sanitary Authority.”

Furthermore 19 District Councils have “ Disinfectors placed at the Hospital.” Such being the case, to comply with the Central Midwives’ Board’s Rule, the Midwives in many instances, would have to send their clothes long distances, and occasionally as far as 10 or 11 miles. In addition to which the charges made by some District Councils for the use of their Disinfectors are prohibitive, so far as Midwives are concerned.

Whereas the Public Health Acts enable Local Sanitary Authorities under certain conditions, to compel owners of infected clothing to efficiently disinfect it, on the other hand owners of such clothing have no power to oblige Local Authorities to provide means for doing so. From what I have said, therefore, a Midwife may send infected clothing “ to be stoved by the Local Sanitary Authority,” but neither she, nor the Local Supervising Authority, have power to oblige the Local Sanitary Authority to do the work.

*Tewkesbury Rural District.*

Dr. Turner says :—

“ The necessity for the provision of a steam disinfecter is very  
“ clearly pointed out by the coming into force of the  
“ Midwives’ Act on April 1st of this year. By that Act, any  
“ midwife who may come into contact with any case of  
“ Puerperal Fever is required to send her clothes to the  
“ nearest Sanitary Authority for disinfection. It will be  
“ impossible to carry this out unless some efficient means  
“ of disinfection is provided, and I would therefore suggest  
“ the advisability of providing a disinfecter as soon as  
“ possible.”

## SANITARY WORK.

*Systematic Inspection.**Rock Rural District.*

I mentioned last year that Dr. Whitaker advocated a more systematic and complete house-to-house inspection of the District, and consequently your Committee communicated with the Rock Rural District Council; as a result of which that Council replied, "that this is now being done."

Dr. Whitaker now reports, that he is pleased to say the new Inspector, Mr. Mapp is inspecting the District systematically, and keeping a record of the visits, and results.

*Martley Rural District.*

Dr. Greensill says:—

"The Inspector has this year been able to make much progress  
"in the systematic inspection of the District."

## WATER SUPPLY.

*Bewdley Borough.*

Dr. Miles says:—

"There are now 503 houses supplied with the Town Water, an  
"increase of 136 over last year.  
"There are still 131 houses whose inhabitants are deprived of  
"the benefit of the unlimited supply of pure water which  
"their neighbours enjoy, by the short-sighted economy of  
"themselves or their landlords, but I hope that every house  
"in the Borough which is within reach of the mains will  
"in the near future be connected with them.  
"During the year 28 samples of water have been sent to the  
"County Analyst for examination, and 14 have been con-  
"demned. In every case the well has been closed and the  
"Town supply substituted, though in four cases this was  
"not done till legal proceedings had been taken."

*Bromsgrove Urban District.*

Dr. Kidd says:—

"I would draw special attention to the remarks in the Surveyor's  
"Report on the subject of old disused wells. I have  
"frequently urged, on sanitary grounds and to prevent the  
"use of the water, that polluted wells should be filled up  
"when condemned, and not left merely dismantled. The  
"Surveyor now points out the serious danger that arises  
"when old well shafts are left unfilled up, not only for  
"sanitary reasons (one of the wells had become a dumb  
"well of sewage into which drains found their way), but also  
"because of danger from accidents, the position of the well  
"becoming forgotten and then, years afterwards, someone ac-



“cidentally falling into it. I strongly recommend that all  
“disused wells be completely filled up.”

*King's Norton and Northfield Urban District.*

Dr. Green says :—

“It is expected that by the beginning of April, 1905, the  
“Corporation water will be supplied to Bartley Green  
“District.”

*Malvern Urban District.*

The water supply has been scanty throughout the year, consequently the District Council have obtained an Act of Parliament to enable them to sink borings in the red sand stone at Bromesberrow ; which there is every reason to believe will yield an ample supply for the District.

*Evesham Rural District.*

It is stated of the Evesham villages water scheme that “it is  
“scarcely possible to over-rate the many benefits which have resulted  
“from the completion of this excellent work.”

*Feckenham Rural District.*

It is reported that of 372 houses in what is termed the “water  
“area of Astwood Bank,” only 140 are yet connected with the mains. The owners of 30 other houses are, however, under notice to connect, and 42 others have promised to do so without their wells being analysed, and pressure put upon them to do so.

*Pershore Rural District.*

The need of a water scheme for Pershore, Pinvin, Naunton Beauchamp, Eckington, Defford, Strensham, Besford, Birlingham, Drakes Broughton, Stoulton, Wadborough, Peopleton, Wick, Fladbury, Hill and Moor, and Cropthorne, is explained at length in the report, and it is stated that the position is even worse now than it was when a special report was presented in 1902.

This water scheme is needed not only on account of scarcity of water, but of its polluted condition ; consequently, I have been instructed to report to you upon the matter in November next.

*Shipston-on-Stour Rural District.*

Dr. Findlay says :—

“The waterworks which were opened in 1901 have proved satisfactory. Practically all the houses in the town are now  
“supplied from the mains, one hundred and eighteen new  
“connections having been made during the year. The average  
“consumption of water has been about 15,000 gallons  
“per day. The largest quantity used in any one day has

- “been 19,000 gallons. These figures include the supply  
 “to Honington. The water rents collected at Shipston now  
 “amount to over £230 per annum.
- “At Draycott, another hamlet in Blockley parish, the water  
 “supply is not satisfactory. The present water supply here  
 “is the joint property of the several owners of the surround-  
 “ing land, and negotiations have been going on with these  
 “proprietors with a view to the supply being improved by  
 “them. The Sanitary Inspector has prepared plans and  
 “estimates, but up to now the owners have not been able  
 “to agree among themselves to carry out the work. Unless  
 “they can come to some agreement soon, I think the Council  
 “should take the matter up, as after rain the water becomes  
 “very discoloured, and by the present arrangements when  
 “the taps are open at the lower part of the village no water  
 “can be obtained at the upper part. The Inspector informs  
 “me that he has seen as many as 9 or 10 people with buckets  
 “waiting to get water.”
- “The Inspector has made a house-to-house inspection (of  
 “Tredington), and reported in detail on the water supply of  
 “each house. Orders have been given for all the wells to be  
 “cleaned out and repaired wherever necessary. These orders  
 “have now been all carried out, and I have no doubt con-  
 “siderable improvement in the water supply will result from  
 “this improvement of the wells, but I am rather afraid the  
 “general improvement will not last for any length of time,  
 “as from examination I find that many of the wells are in  
 “places where they may easily get contaminated again, and  
 “frequent inspections will be necessary.”

In connection with the water supply of Tredington, I would remind you that I made a special report to you on the 14th November 1903, and that analyses of 23 wells showed 15 were unfit for drinking purposes, 5 were suspicious, and only 3 fit for drinking purposes. I am instructed to make a further report on this question.

*Tenbury Rural District.*

Dr. Whitaker says:—

- “I am pleased to record the fact that the town once again pos-  
 “sesses an ample water supply, which appears to be quite  
 “free from any chance of animal pollution. It should not  
 “now be lost sight of that the wells in the town are sunk  
 “in a water bed which is open to constant pollution by the  
 “cesspools and privies, and that the sooner the public supply  
 “is laid on to all the houses, the sooner will a danger to the  
 “public health be removed.”

*Upton-on-Severn Rural District.*

Dr. Cowley says:—

- “The vexed question of the water supply to the Union Work-



“ house has been under review during the year. It will  
“ be remembered that arising out of this came the question  
“ of a supply for the possible wants of other portions of the  
“ district. It was partly this that evolved the alternative  
“ scheme with a bore-hole on Severn Stoke Hill. The  
“ other scheme with a bore-hole near Tunnel Hill could only  
“ serve a portion of the parish of Upton-on-Severn, including  
“ the town and Workhouse.

“ The former at a height of 180 feet above sea level presented the  
“ advantage of its elevation to supply a large area if needed.  
“ Thus if a combination could have been effected and the  
“ neighbouring parishes agreed to share the expenses, it  
“ would have been less felt. The representatives of these  
“ were so decided in their opposition that it was palpable  
“ that Upton parish as the contributory place must take  
“ upon itself to bear the whole brunt of the undertaking.  
“ The prospects of proceeding with the scheme became  
“ somewhat discouraging to a majority of the Council, and  
“ they adopted another project for supplying the Workhouse  
“ alone, from the well at the Isolation Hospital. This was  
“ ultimately found to be impracticable. Mention must be  
“ made that the Council were aware that with the new  
“ sewage scheme for the town of Upton-on-Severn, and the  
“ indifferent character of the water in many of the wells  
“ there, a water supply from the town would probably also  
“ be required, therefore whatever outside parishes preferred  
“ to do ; a conjunction of this with the supply for the Work-  
“ house must be to the interest of the ratepayers of the  
“ parish. Supported as we are by the Geologist and  
“ Engineer, we have every reason to hope for success in  
“ getting this New Red Sandstone water, the quality and  
“ quantity of which has been tested elsewhere. The water  
“ is not a hard water ; at the bore-hole at Malvern Link it  
“ is stated to contain 4 degrees. It is said that hardness in  
“ New Red Sandstone water is generally due to magnesium  
“ carbonate. At the close of the year no decision had been  
“ arrived at, but as the Board of Guardians are pressing an  
“ issue must be arrived at very shortly.”\*

The water supply generally of the County Districts is dealt with somewhat fully in my Annual Report for 1901, and there is no doubt that this question is now receiving much more attention than used to be the case, not only because the public are becoming more alive to the advantages of water works, but also because sources of supply are increasingly difficult to obtain. The drought of the past

\* On February 2nd, 1905, at a special meeting of the District Council, it was resolved to select the site for a bore-hole at Red Hill, Greenfields Farm, Upton-on-Severn, at a height of 158 feet above the sea level. The other sites were given up. It was estimated that a sum of £7,000 would be needed for such a scheme as would supply the Parish of Upton.

few years has seriously affected several of the District water supplies, and many wells have consequently had to be deepened.

With reference to the foregoing extracts from the Reports, it is noteworthy that the Bewdley, Evesham Villages, and Shipston-on-Stour, water schemes have been attended with great success. There appear, however, to be owners of houses at Bewdley and Astwood Bank whose short-sighted economy has hitherto deprived their tenants of the inestimable boon of a wholesome and plentiful water supply.

There is no doubt pressing need for a comprehensive water scheme for the Pershore Rural District; for in my opinion, there is no district in the County so badly supplied with water.

The Shropshire County Council have recently called the attention of your Committee to the difficulty experienced in that County in enforcing a supply of water to rows or groups of houses in consequence of the interpretation placed on Section III. (5) of the Public Health (Water) Act, 1878, by the Local Government Board, and asked the Council to petition the Local Government Board to so amend the Act as to enable a Rural District Council to enforce a joint supply of water to rows or groups of houses wherever the proportionate cost for each house can be brought within that prescribed by Section III. of the Act; and the Council have decided to petition the Local Government Board as desired by the Shropshire Council.

Under Section 3 of this Act, when a house has not a sufficient supply of wholesome water, a Rural District Council can only require an owner to expend £8 13s. 4d., or with the special consent of the Local Government Board not exceeding £13, which is frequently quite inadequate to sink a well, or do other work. I think therefore, this Act should also be so amended, as to increase this amount.

#### DRAINAGE.

##### *Bewdley Borough.*

Dr. Miles reports:—

“ This remains in the same condition as before, though I am  
“ pleased to be able to report that the increased water  
“ supply has been much more effective than I had antici-  
“ pated in keeping the sewers flushed in dry weather.”

##### *Bromsgrove Urban District.*

Dr. Kidd says:—

“ An important extension of the sewer was made during the year  
“ at the upper end of Crabtree Lane, Sidemoor. Here  
“ were several blocks or rows of cottages which lay outside  
“ the area served by the Sidemoor sewerage scheme when



“this was carried out. The drainage from these houses  
 “continued to lie about in ditches and fields in a way that  
 “caused constant nuisance. The Surveyor was asked to  
 “report on the subject and to submit a scheme for remedy-  
 “ing the nuisance. He drew up three alternative schemes  
 “for the drainage of these houses, and the Sanitary Com-  
 “mittee, I am glad to say, recommended the adoption of the  
 “most comprehensive scheme of the three, by which the whole  
 “area concerned was served by a new nine-inch sewer of 400  
 “yards in length. The work was satisfactorily carried out,  
 “under the personal supervision of the Surveyor, and the  
 “entire group of houses, besides having the slop drainage  
 “properly dealt with, is now provided with w.c.’s in the  
 “place of the previously existing cesspit privies. This is a  
 “very great improvement and completes the equipment of  
 “Sidemoor with the necessary sewerage.

“The difficulty at the bottom of Rock Hill caused by nuisance  
 “arising from the periodical emptying of the catchpits pro-  
 “vided in the course of the Rock Hill and Highfield Road  
 “sewer, has been experimentally dealt with by the filling  
 “up and removal of the catchpits concerned. These catch-  
 “pits were originally found necessary because of the con-  
 “stant blocking up of the sewer with sand and gravel from  
 “the road gullies. At that time the contents of the sewer  
 “were principally surface washings from the road, and the  
 “sediment collected in the catch-pits was principally sand,  
 “which, when the catch-pits were emptied, was easily and  
 “without offence deposited at the side of the road; but of  
 “recent years, especially since the building of the Isolation  
 “Hospital at Hill Top, the proportion of sewage proper in  
 “these drains had considerably increased, and the contents  
 “of the catchpits were the solid matters of sewage. This very  
 “change, however, gave rise to hopes that the sewer would  
 “not be so likely to become blocked now if an uninterrupted  
 “flow of its contents were permitted, and it was thought worth  
 “while before embarking on any costly scheme of septic  
 “tanks, to see if the sewer would work satisfactorily when  
 “these catchpits were removed. It is now over six months  
 “since the catchpits were filled up; there has, of course,  
 “been no nuisance from their periodical emptying, and the  
 “sewer so far has worked perfectly well.

“It certainly looks now as if this arrangement would prove  
 “satisfactory, especially if the line of sewer between the  
 “bottom of Rock Hill and the sewage farm is occasionally  
 “cleaned out.”

*Bromsgrove North Urban District.*

Dr. Kidd says:—

“The necessity for some system of sewerage to deal with the

“slop drainage of the rapidly increasing village of Rubery  
 “became very apparent last year, and I then advised the  
 “construction of a septic tank and filter bed sufficiently  
 “large to deal with the drainage from the whole of this  
 “group of houses.”

Since Dr. Kidd wrote his Report the drainage of that part of Rubery which is in the King's Norton District has also been under consideration, and a Joint Committee of the King's Norton and Bromsgrove North Councils is considering the matter.

*King's Norton and Northfield Urban District.*

Dr. Green says:—

“The chief event of the year in this line has been the beginning  
 “of the new sewer to connect Bartley Green and Woodgate  
 “with the main sewerage system.  
 “Good progress has been made with the work.  
 “There is a probability that the new sewer suggested for Rednal,  
 “between the hills, may shortly become an accomplished fact  
 “by an arrangement with the parties interested. If this be  
 “done, it would be wise to remodel the arrangements for  
 “treatment of the sewage at the outfall, some biological  
 “system being introduced.”

*Stourport Urban District.*

Dr. Robinson says:—

“During the year land both for the pumping station and for  
 “the treatment of the sewage has been purchased, on the  
 “bank of the River Stour opposite the Tin Stamping Works,  
 “and the Sands Farm, Titton, respectively. The requisite  
 “notices of intended works outside the district have been  
 “given, and the 11 notices of objections put in have all  
 “been withdrawn. There is now nothing in the way of the  
 “Local Government Board sanctioning the scheme before  
 “them and authorising the necessary loan. In the meantime  
 “the condition of the sewer and drains in the district is  
 “generally much the same as noted in my last annual report.”

Your Committee have asked the Local Government Board to be good enough to say why this scheme has not been “sanctioned.”

*Bromsgrove Rural District.*

Dr. Coaker says:—

“The drainage schemes for Hagley and Blakedown are nearing  
 “completion, and house connections will be made during the  
 “coming year. Most of the house connections have been  
 “made at Alvechurch, and, when all arrangements are made  
 “for working the system, the village brook will be free from



“pollution. The Clent drainage scheme has been hampered by defects at the outfall site, consequent on want of space, but negotiations are in progress for rectifying this.”

*Droitwich Rural District.*

Dr. Wilkinson made a special report on the drainage of Ombersley on the 13th September 1904, as a result of which he calls the attention of the Council to the following facts, viz.:—

- “(1) The sewers are not water-tight, this means that the surrounding soil must become more or less sewage soaked, with a risk of contaminating the water-supply.
- “(2) The sewers in many cases are laid at such a level that proper fall for house drains is not practicable.
- “(3) The irregular character and want of fall in some parts, coupled with no means of flushing, cause deposits to take place.
- “(4) There are six houses with water closets in the village, so that fæcal matter is discharged into the Sewers.
- “(5) It is probable that in the houses where there are no water closets, urine mixed with slop water enters the drains.
- “Were it possible to exclude all fæcal matter and urine from the sewers and use them simply as carriers of slop water and storm water, possibly some scheme might be suggested by a Sanitary Engineer to make use of part of the present system.
- “It is much to be regretted that all the endeavours of the Council to improve the condition of the Ombersley Drainage have been upset, and I trust they will once more attempt to carry through a scheme for altering the present unsatisfactory condition.”

*Evesham Rural District.*

- “The plans for sewerage Badsey under a loan of £2,480 sanctioned by the Local Government Board have not been carried out owing to great local opposition, and because when the Board gave their sanction it was on condition that the effluent after bacterial treatment should be passed over the adjacent land, which is marly clay; in spite of the fact that Sewage Commissioners (amongst whom were two of the Board’s chief officers) have reported that such clay is “unsuitable for the purification of sewage.”

The Rural District Council, supported by Representatives of the Parish Council, have now agreed that the double filtration scheme is the best, and it is to be hoped the Local Government Board will throw no obstacle in the way of its being carried out.

A scheme for sewerage Broadway under a loan of £3,000 approaches completion.

*Feckenham Rural District.*

The defective sewerage of Hunt End and Crabb's Cross is now being considered, as complaints of brook pollution have been sent to the County Council, as well as to the District Council.

*Kidderminster Rural District.*

Dr. Addenbrooke says:—

“The tenants at Somerleyton have continued to arrange for the disposal of their sewage, so that no complaint has arisen during the year, but in the Whitville and Sutton Common portions of the district there is pressing need for the provision of efficient means of drainage, which I trust you will arrange for with as little delay as possible.”

*Martley Rural District.*

Dr. Greensill says:—

“No new sewerage works have been undertaken this year. At Hallow the cesspits are a constant source of nuisances, and will continue to be so until they are abolished, as they should be, by a system of drainage. I may remind you that a plan for the drainage of this village was completed, and a Local Government Board enquiry held in the year 1896.”

*Pershore Rural District.*

The sewerage schemes for Pershore and Cropthorne are still in abeyance, although the former was sanctioned by the Local Government Board a year or two back.

It was thought inadvisable to proceed with these sewerage schemes until the water supply for these villages has been decided upon. The Pershore street drains are continually blocked, and at times fall in.

*Shipston-on-Stour Rural District.*

Dr. Findlay says:—

“The question of the drainage system has been considered by the Council several times during the year, but owing to the great expense nothing has as yet been arranged.

*Upton-on-Severn Rural District.*

Dr. Cowley says:—

“Drainage schemes for Upton and Kempsey and Hanley Swan are under consideration of the District Council and have been delayed in connection with land for outfall works.”

Of the Powick sewerage works Dr. Cowley says:—

“The sewerage and the sewage disposal works at Callow and Pole Elm were completed, and most of the necessary junctions effected. My misgivings as to the security from



“outside water of the sewer have been verified. Several discussions severely reflecting on the work of the contractor have arisen. This influx of sub-soil water not only adds to the quantity of sewage, but it has deprived the fields near by of their water supply. The tank at the disposal works disclosed a serious crack. The surface ventilation grates were objected to. These two latter are to be remedied. On November 24th I made a special report, after another systematic inspection, pointing out in the parish those things of importance which have a connection with insanitary conditions.”

This influx of surface water is a very serious matter, as the whole of the sewage has to be pumped for treatment, and it is, I believe, drying up a pool in the locality.

Why the work should have been carried out in this way is not obvious.

*Yardley Rural District.*

Dr. Wilson says:—

- “As the whole of the complete scheme of sewerage and sewer extensions which was prepared by the Surveyor has received the approval of the Local Government Board, I hope the various works will be proceeded with as expeditiously as possible. I am glad to hear that the sewerage of Lincoln Road, and of South-East Acock’s Green, which is so urgently required, is already authorised, and that preliminaries are in progress for the laying of a new main sewer from Greet Bridge to Forman’s Lane. When this is completed, the extension of the sewer to Billesley should be proceeded with without delay to abate the dumb-well nuisance in that quarter.
- “Another improvement which demands serious attention is the scheme which has been prepared by the Surveyor for the prevention of flooding in Hay Mills. This work is still in abeyance because, I understand, that the negotiations with the County Council have not yet been satisfactorily completed.”

SEWAGE DISPOSAL.

*Bromsgrove Urban District.*

Dr. Kidd says:—

- “The sewage farm is now working more satisfactorily than it has ever done before. Apart from the financial results from the farm produce itself, the process of sewage purification is now more satisfactory than heretofore, the old filtering tanks being practically converted into septic tanks.”

*Droitwich Borough.*

The County Council having pressed the Corporation to improve their sewage works, the Corporation obtained a loan of £1,700 for improving them, and the Borough Engineer has informed your Committee that the scheme is now complete, and has worked satisfactorily in all respects: consequently I am instructed to report upon the farm as it now is.

*Kidderminster Borough.*

Dr. Robinson, Medical Officer of Health for the Stourport Urban District, says:—

“The nuisance caused to the inhabitants of Camden Place and New Town by the smell from this farm continues unabated, though a petition has been presented to the Council by certain residents in the affected area, and some correspondence has taken place on the subject between the Council and the Kidderminster Corporation.”

In consequence of this statement and another representation made to your Committee I have received instructions to report upon this complaint.

*Malvern Urban District.*

The Barnard's Green Sewage Farm having proved unequal to deal with the additional amount of sewage brought down from the Link District, the District Council have instructed their Surveyor to prepare a scheme for submission to the Local Government Board in order to obtain a loan for improving it. By your direction I am about to report to you on this question.

*Tewkesbury Rural District.*

I have inspected the Bredon sewerage works on several occasions during the year and find that although not by any means conducted on ideal lines, it is not the cause of nuisance, nor have I noticed that the effluent pollutes any stream.

Several visits to this farm convince me that a large amount of sub-soil water gains admission to the sewers in consequence of defective jointing.

The outfall works at Overbury are not in a satisfactory condition, and consequently the Tewkesbury Rural District Council have been communicated with.

Although these works have been improved during the past twelve months, they were not when I last saw them in as good order as they ought to be, and the effluent created a nuisance. I am therefore communicating with the Surveyor of the District Council on the subject.



Another year's experience of the "bacterial treatment" of sewage justifies the favourable impression formed of it, and shows that, the experimental stage having passed, it has "come to stay," although no doubt it will even yet be improved, and more especially with regard to the method of distributing the sewage over the beds.

## RIVER POLLUTION.

### *River Severn.*

Dr. Miles says:—

"The whole of the crude sewage (of Bewdley) is discharged into the River Severn, but as the Corporation have exceeded their borrowing powers, it does not seem practicable to deal with it, unless Wribbenhall, which is only separated from the Borough by the River Severn, could form part of a joint scheme."

The crude sewage of Stourport is still discharged into the Rivers Severn and Stour and will continue to do so until the sewerage scheme now before the Local Government Board is carried out.

So far as I am aware the sewage disposal works for the City of Worcester are not carried out, although I believe they are being pushed on. When this is done the greatest source of pollution of the Severn ought to be removed: judgment should however be reserved until the efficacy or otherwise of the outfall works has been tested.

### *River Avon.*

The Evesham sewerage works, at one time a polluting source of the Avon, are now being improved, and I have had no cause to complain during the year.

The sewage of Pershore is still poured into the Avon.

### *River Rea.*

During the year the long standing nuisance caused by the paper works at Lifford has been remedied, and the effluent from them is now discharged into the King's Norton sewers, and reaches the Tame and Rea outfall works at Saltley (Warwickshire).

Referring to the Rea, Dr. Green says:—

"The Rea on entering the district was found on recent inspection to be very much polluted, chiefly from the soakage from cesspits and privy middens on its banks. Shortly after entering the district it receives, together with a small tributary, the slop sewage from about thirty houses in the district.  
"The self-purifying power of the Rea is so great here, that fifty yards below these houses it was purer than on entering the district, and about three-quarters of a mile further down,

“above the outfall of the Rubery Asylum effluent, it was  
 “much more oxidised. The effluent from the Rubery Asylum  
 “tanks and land treatment was unsatisfactory and appar-  
 “ently polluting the Rea to a large extent.  
 “So great was the effect of the effluent, which reaches the river  
 “in great quantity, that threequarters of a mile down stream  
 “the water was as bad as it was on entering the district.”

I have visited the “Rubery Asylum” outfall with Dr. Green, and can confirm Dr. Green’s statement. I therefore ask for your instructions in the matter.

*Roway Brook.*

As regards previous references in former reports to this stream, I may remind you that it is in Staffordshire; and as the Oldbury sewage works pollute it to a serious extent, the Staffordshire County Council have obtained an “injunction” against the Oldbury Council.

*River Salwarpe.*

I have already explained in the paragraph on “Sewage Disposal” that the Borough Surveyor for Droitwich reports that the pollution hitherto caused by the Corporation Farm has ceased: and that in consequence of this statement I am instructed to report on the question.

*Alvechurch Brook.*

Dr. Coaker says:—

“Most of the house connections have been made at Alvechurch  
 “(with the sewers) and when all arrangements are made for  
 “working the system the village brook will be free from  
 “pollution.”

*Belbroughton Brook.*

This is as described by Dr. Coaker in his annual report last year.

*River Stour.*

The discharge of “Acid Waste” into this stream still continues: consequently the Council have re-appointed the Committee in order to see if it is practicable to do anything to remove an admittedly serious state of affairs.

## HOUSE ACCOMMODATION.

*Bewdley Borough.*

Dr. Miles says:—

“Many representations have been made and the necessary im-  
 “provements carried out.”



*Bromsgrove Urban District.*

Dr. Kidd says:—

“Building still proceeds briskly in the district, and the new  
“houses are all of improved construction. Many old cot-  
“tages remain, particularly in courts off Worcester Street  
“and High Street, which come very near the border line  
“dividing the fit from the unfit for habitation. Many of  
“these might be condemned if it were not for the practical  
“difficulties in the way of providing accommodation for the  
“families displaced.”

*Droitwich Borough.*

Dr. Roden refers to the cottages in Fox Alley and Star Yard, upon which I presented a “Special Report.” As the Corporation have not taken steps for satisfactorily dealing with the houses in question, your Committee have informed the Droitwich Corporation that unless these cottages were either closed, or rendered thoroughly habitable within three months, the Committee would advise the Council to make a “representation” to the Local Government Board under S. 299 of the Public Health Act 1875.

*Evesham Borough.*

Thirty-two houses were erected during the year and considerable improvement has been made in the dwellings of the labouring classes.

*Kidderminster Borough.*

Dr. Corbet says:—

“The court sweeping is most valuable in improving the sanitary  
“condition of the Borough.”

*King's Norton and Northfield.*

Dr. Green says:—

Although plans for 634 houses were passed during the year, this is nearly 200 less than in 1903 and that “there have been some  
“complaints of the passages and yards near houses not having been  
“paved, and causing swamps to form in wet weather.”

*Oldbury Urban District.*

Dr. Buttery says:—

“That a number of old and insanitary dwellings have been  
“thoroughly repaired, while others have been closed as un-  
“fit for habitation, and that the paving of many of the yards  
“in his opinion was the cause of the decline in typhoid  
“fever.”

*House Accommodation.**Stourbridge Urban District.*

Dr. Wilberforce Freer says:—

“Seventy-six houses were built during the year and it is evident  
“that private enterprise has been stimulated through the  
“steps the Council took with regard to the promotion of the  
“housing scheme.”

*Stourport Urban District.*

Dr. Robinson says:—

“There are 1024 houses in the district, more empty ones than  
“usual at the end of the year. I have reported before on  
“the many houses of the back-to-back type which are in  
“every part almost of the district and their generally insani-  
“tary surroundings; and also on the common type of cottage  
“property which has been erected in recent years with the  
“living room darkened by outbuildings and the air polluted  
“by decomposing house refuse which accumulates in large  
“ashpits built of porous brickwork above privy middens far  
“too close to the houses. I consider that the chief point to  
“be insisted on in the erection of cottage property is the  
“provision of a large living room, which should be the  
“sunniest in the house.”

He also adds:—

“To get at the root of the phthisis deaths it would be necessary  
“to deal with the back-to-back houses and other insanitary  
“conditions which by lowering the vitality render the people  
“subject to attack.”

*Evesham Rural District.*

“Thirty-four houses have been built during the year.  
“The want of cottages, at rents which those engaged in agricul-  
“tural pursuits can afford, is felt in several parts of the  
“District, particularly at Offenham.”

*Halesowen Rural District.*

Dr. Brett Young says:—

“The house accommodation appears to be ample, but in conse-  
“quence of shortness of work and the resulting poverty,  
“there is some tendency to overcrowding—a large family  
“going into a small cottage, and sometimes two families liv-  
“ing in one cottage. The Sanitary Inspectors are constantly  
“on the look out for this.”

*Rock Rural District.*

Dr. Whitaker says:—

“Most of the houses are in good condition, though in the past  
“some have escaped attention too long. The Inspector has,



“however made a house-to-house survey, and has made very  
“considerable progress.”

*Upton-on-Severn Rural District.*

Dr. Cowley says:—

“In some portions of the district the habitations are old and poor  
“in quality. Very few new ones have been erected, and  
“many have gone to wreck.”

*Yardley Rural District.*

Dr. Wilson says:—

“With the exception of the old jerry-built parts of Greet and of  
“Speedwell Road in Hay Mills, the house accommodation  
“throughout the district is of a comparatively high standard,  
“and even in the parts named there is abundance of open-  
“air space.”

The remarks of Medical Officers with reference to paving around houses, and particularly of the courts and alleys in populous places are important, for if carried out properly, paving tends to lessen soil pollution, and water pollution, each of which often is prejudicial to health. Dr. Buttery's statement for instance “that the paving of “many of the yards in his opinion was the cause of the decline of “typhoid fever” in Oldbury is gratifying to me; because you may recollect that when I reported upon a serious outbreak of that disease, which occurred at Oldbury in the year 1898, I attributed the cause mainly to soil pollution, and advocated “paving of the “yards,” which I gather from Dr. Buttery's report has now been carried out.

EXCREMENT DISPOSAL.

*Lye and Wollescote Urban District.*

Dr. Darby says:—

“The old privy midden is rapidly becoming an exceptional  
“arrangement.”

*Redditch Urban District.*

Dr. Stevenson says:—

“There are still too many middens in the populous parts of the  
“town. Their number is, however, steadily decreasing, and  
“the worst ones have been done away with. At present  
“there are 680 pail-closets in use, a less number than last  
“year. Water closets have been substituted in several  
“cases.”

*Stourport Urban District.*

Dr. Robinson says:—

“The excrement disposal and the removal and disposal of house  
“refuse continue exactly the same as reported last year.”

*Halesowen Rural District.*

Dr. Brett Young says:—

“It would be a great gain to the populous parts of the district  
“where a constant service water supply and sewers exist, if  
“the whole of the privy middens were converted into water-  
“closets. There is no doubt that the old-fashioned privy-  
“midden, in popular localities, is an important feature in  
“the production of diseases of the Diarrhœa and Zymotic  
“Enteritis type, as is evidenced by the fact that all of the  
“deaths registered from these causes, occurred in the Urban-  
“like parts of the district. I am quite certain that in  
“attempting to reduce the death-rate some advance must be  
“made in the direction of removing these centres of soil and  
“air pollution.”

*Tenbury Rural District.*

Dr. Whitaker says:—

“There are still too many privy closets, and in some instances too  
“many houses to a closet. It is very desirable that each  
“house should have its own closet, for every encouragement  
“should be given to the regular use of these places, but when  
“two or more families have to use the one privy, owing to  
“the greater number of persons using it and the slackness  
“commonly developed in keeping it clean, there is a tendency  
“to go as seldom as possible, with consequent serious results  
“and oftentimes lifelong suffering.”

From year to year I have consistently advocated the abolition of the old-fashioned privy midden, and as the District Medical Officers' report show that they are waging war against these abominations, it is unnecessary for me to return to this subject now: except to say that given suitable sewers and adequate water supplies, one or other of the varieties of w.c.'s should invariably be adopted.

In Rural Districts, however, w.c.'s are often out of the question, and I cordially agree with Dr. Kidd when he says:—“In by far  
“the greater part of the (Bromsgrove North) District, which is essen-  
“tially of a rural character, the privy system would answer quite well  
“if the privies were made of improved design with cesspits constructed  
“according to the present byelaws, i.e., raised above ground level,  
“well covered, cemented, or otherwise made perfectly tight, and  
“impermeable to moisture, and in size not exceeding eight cubic feet  
“in capacity.”

A design of such a closet was issued with my first Annual Report (1890), and copies can, by your direction, still be obtained on application at my office.



SCAVENGING.

*Bewdley Borough.*

Dr. Miles says :—

“ I should like to refer again to the question I raised in my quarterly report, dated July 25th, 1904, as to the possibility, without any great increase of expense, of emptying the ash-pits in the early hours of the morning only, instead of the work being carried on throughout the day, as is done at present ; also whether the refuse could not be carried direct to the cart in every case, instead of being heaped up in the roadway for a time, as is now done in certain instances. Both these customs are not only dangerous to the health of the community, but are most objectionable to the many strangers who visit the Borough in the summer time, and for whose benefit it is to our interest to present our streets in the most attractive condition.”

*Bromsgrove Urban District.*

Dr. Kidd reports :—

“ The scavenging is now carried out by improved methods.”

*Kidderminster Borough.*

Dr. Corbet says :—

“ That the household ashes and refuse is disposed of without difficulty.”

*King's Norton and Northfield Urban District.*

Dr. Green says :—

“ The tip at California is foul at times, and waste paper is blown off on to the road in the vicinity.  
“ The foundation-stone of the new Heenan and Froude's Refuse Destructor has now been laid, and it is expected that it will be in working order next autumn.”

*Malvern Urban District.*

The refuse is removed from each house once a week and from shops twice a week. It is conveyed to the Refuse Destructor at the Electric Works where it is consumed in a satisfactory manner.

*Oldbury Urban District.*

Dr. Buttery says :—

“ The contractors for night-soil removal have carried out their work in a satisfactory manner, and we consequently have had very few complaints from ratepayers during the year against this branch of our work.”

*Stourbridge Urban District.*

Dr. Freer says:—

“The erection of a Refuse Destructor, opened in November, is,  
“from a sanitary point of view, a momentous acquisition,  
“in that it will remove the objectionable method of tipping  
“offensive refuse in places often unavoidably undesirable.”

*Pershore Rural District.*

“The need of public scavenging in the town of Pershore, which  
“I commended ‘to your special consideration’ in my last  
“Annual Report is most marked. Irrespective of drainage and  
“water schemes I think scavenging should be undertaken  
“by men appointed by you and directly under the super-  
“vision of your Inspector.”

*Shipston-on-Stour Rural District.*

Dr. Findlay says:—

“The matter has been before the Council, but the chief difficulty  
“at Shipston seems to be to get a suitable place for the  
“deposit of this refuse. Still I hope that something may  
“yet be able to be done, especially at Shipston and Blockley,  
“where the scavenging could be done without any very great  
“expense.”

*Tenbury Rural District.*

Dr. Whitaker says:—

“The scavenging of the town remains where it was. Large  
“privy pits only emptied when full and then by the tenants,  
“the ‘got out’ contents being removed by the contractor  
“is a very insanitary and disgusting proceeding. Taking  
“all things into consideration, a weekly scavengage either  
“by your own staff or a reliable contractor and the con-  
“version of the privies into w.c.’s would be a more economi-  
“cal method than that now in vogue.”

*Yardley Rural District.*

Dr. Wilson says:—

“Scavenging has, on the whole, been well attended to, but serious  
“complaints have been frequently received concerning the  
“abominable nuisance attending the emptying of dumb-  
“wells, and more particularly from Lincoln Road. Ap-  
“parently when the sewerage scheme which is being sub-  
“mitted to the Local Government Board, is carried out,  
“this nuisance will be abated.”



SLAUGHTER-HOUSES.

*Bewdley Borough.*

Dr. Miles says:—

“These remain in the unsatisfactory condition described in my  
“Annual Report for 1903.”

*Bromsgrove Urban District.*

Dr. Kidd says:—

“Previous remarks again apply. The position of private  
“slaughter-houses in the town, in small yards among the  
“back premises of houses in the most crowded parts, makes  
“it almost impossible for the work to be carried on without  
“offensive nuisance. The bye-laws, for the removal of  
“refuse, etc., are generally attended to, and the nuisance  
“reduced to a minimum, but the provision of a public  
“abattoir would be the greatest improvement that could at  
“present be carried out in the town.”

*King's Norton and Northfield Urban District.*

Dr. Green says:—

“As mentioned last year, several of the old slaughter-houses,  
“owing to their construction and propinquity to the street  
“and dwelling-houses, are not suitable for the purpose.”

*Lye and Wollescote Urban District.*

Dr. Darby says:—

“These are kept under periodical inspection, and some have  
“been refused renewal of licenses because they were not in  
“conformity with the Bye-laws.”

*Oldbury Urban District.*

Dr. Buttery says:—

“These are in much better condition than was the case a few  
“years ago, but he hopes it may be possible in a few years  
“to have a public abattoir erected.”

*Stourport Urban District.*

Dr. Robinson says:—

“They are kept in a satisfactory condition.”

*Feckenham Rural District.*

“New Bye-laws now being in force, it is hoped that all  
“slaughter-houses will be required to be properly registered  
“or licensed as the case may be and that the Inspector  
“will receive definite instructions to enforce the regulations  
“in their entirety.”

*Shipston-on-Stour Rural District.*

Dr. Findlay says:—

“I have also inspected the slaughter-houses known to me, but  
 “it would be better if the Council were to adopt bye-laws  
 “for their regulation, especially with regard to whitewashing  
 “in the smaller establishments; as a general rule, I have  
 “found them, however, fairly well kept especially where  
 “larger businesses are carried on.”

*Upton-on-Severn Rural District.*

Dr. Cowley says:—

“Some of these are in excellent condition, and the remainder  
 “have not much complaint to be made against them.”

## DAIRIES AND COWSHEDS.

*Oldbury Urban District.*

Dr. Buttery says:—

“The cowsheds themselves, as well as the animals, are kept  
 “cleaner and healthier, the milk is of an improved quality,  
 “the dairies are more up-to-date, the utensils sweeter, and  
 “the whole arrangements are in better order.”

*Redditch Urban District.*

Dr. Stevenson says:—

“Undoubtedly the issue of the regulations, combined with con-  
 “stant supervision, have had a most beneficial effect, and  
 “the conditions under which milk is stored and sold have  
 “much improved during the past two years.”

*Stourport Urban District.*

Dr. Robinson says:—

“The Sanitary Inspector visited these places during the year.  
 “In very few cases were the conditions entirely satisfactory.  
 “The milk shops were none of them fitted for the storage  
 “of milk, which is usually kept uncovered on the shop  
 “counter; in one case under a table on the kitchen floor,  
 “in another under the stairs, in a living room, or in an out  
 “building.”

*Halesowen Rural District.*

“Dr. Young says:—

“These are all registered, and regularly inspected, and have  
 “been vastly improved during the past few years.”



*King's Norton Urban District.*

Dr. Green says:—

“In this department, one of the most important under the  
“Sanitary Authority, and often badly administered, good  
“progress has been made. . . . A Special Sub-  
“Committee . . . appointed in the summer to deal  
“with the matter . . . were struck with the insanitary  
“condition of many of the cowsheds, which were often  
“dark, stuffy, dirty and overcrowded with large manure  
“heaps nearly all round them and the ground a swamp.”

There is no doubt that the question of the Dairies and Cowsheds has received much attention on the part of several Councils in Worcestershire during recent years; but I am convinced that even yet, much remains to be done to place them in the sanitary state they ought to be. This is a question I dealt with at some length in my Annual Report for 1902 and so far as I know, the position is much the same now, as it was then. At that time all the Authorities in the County had made regulations under Section 13 of the Dairies and Cowsheds Order of 1885, except Droitwich Corporation, Bromsgrove, and Bromsgrove North Urban, and Droitwich, Feckenham, Newent, Shipston, Tewkesbury and Winchcombe Rural District Councils.

I urge emphatically that all District Councils should have bye-laws to regulate the control of the dairies and cowsheds in their Districts. I do so because the Model Regulations of the Local Government Board issued on the 11th March, 1899 discriminate between Cowsheds located in populous Districts and those in country places, inasmuch as no cubic capacity is required in cowsheds the cows of which are habitually grazed on land during the greater part of the year, and when not so grazed, are habitually turned out during a portion of each day.

In fact, cowsheds in towns, and cowsheds in the country are subject to different bye-laws, and nothing is required of the Dairy men that is not essential for health.

The public are now becoming alive to the fact that milk is not uncommonly a carrier of such diseases as Enteric Fever, Scarlet Fever, Diphtheria and Tuberculosis, and that it is itself a medium in which the germs of infection quickly grow. A “case” recently occurred in which a Dairy Company obtained damages on account of the death of one of their customers. The milk in question was infected from a well at a farm known to be polluted, and the Judge who tried this “case” held “that if a purveyor of food, sold food, “which did cause injury, he was liable for damages in respect “thereof.” This decision should therefore make Dairy men take care that their Dairies, Cowsheds and Cows are always kept in such a way, that they are not liable to similar “proceedings.”

It is agreed that every effort should be made to protect milk against "dirt," not only at the dairy, or on the railway, but at the Cowshed; for surely consumers have a right to demand that excremental matter from the cow, through fouled udders, or flanks, should not contaminate milk. Many dairymen do not recognise the need for keeping their cows clean, and requiring the milkers to wash their hands; but some Dairy Companies in large towns are now having the milk they buy, submitted to bacteriological tests, and should the dirt bacillus (*B. Coli communis*) be found, to at once give a notice to the dairymen who supplied it, with a view to terminating their contract if the fouling is continued. Such a case came to my notice last year. Furthermore a "Bill" was before Parliament last Session to enable Metropolitan Inspectors to visit Country Dairies and Cowsheds and cut off unsatisfactory milk supplies; and a few Authorities I believe, by "Private Act" even now possess such power. District Councils therefore would, I think be well advised to protect themselves against the visits of such outside Inspectors, by utilizing their power most effectively. Some local authorities in England have adopted the commendable plan of issuing periodical "certificates" to purveyors of milk and dairymen, whose premises, milk vessels, cowsheds and cows are always kept in a good sanitary state. These certificates, however, should only be granted when the Dairies, and Cowsheds Orders are rigidly adhered to in every respect.

#### BYELAWS.

##### *Droitwich Borough.*

Dr. Roden says:—

"I am glad to see a printed copy of these, and to hear that  
"a considerable portion has been sanctioned by the Local  
"Government Board."

##### *Stourport Urban District.*

Dr. Robinson says:—

"For 12 years I have urged the necessity of new byelaws. The  
"Clerk informs me that nothing has been done in this matter  
"during the year."

##### *Feckenham Rural District.*

At last new Byelaws with regard to Nuisances, Slaughterhouses, and new Streets and Buildings have been issued, and the old ones discarded.

At last, it would seem that byelaws for the Borough of Droitwich, which have been "under consideration" for so long, will shortly become operative.

The Stourport Urban Council "have done nothing in this



"matter during the year" although they have been urged to do so for 12 years.

It is just now popular to allege that the Rural Byelaws which some Councils have framed have prevented cottages being built at moderate cost; and in some cases, no doubt there is some truth in that allegation. Blame for this, should not, however, be wholly cast upon the Local Authorities, for it is well known that until a few years back, such Authorities could not get byelaws sanctioned by the Local Government Board, unless they complied with the Model ones issued by the Board, and which were equally suitable to Urban Districts. In June 1901, however, the Local Government Board issued an excellent set of Model Byelaws "as to new build-ings . . . for Rural Districts" which are referred to in detail in a memorandum I prepared, and which was published in my Annual Report for 1901.

These Model Byelaws are confined to matters affecting health and contain no restrictive clauses as to structure.

By your direction, the Clerk of the Council sent a copy of my memorandum to the Clerks of the Rural District Councils in the County on March 7th, 1902, in order to induce the Local Authorities to adopt them, and if necessary substitute them for any stringent ones that might be in force. Whether or not the Rural Councils have done so, I am not in a position to say.

When Mr. Walter Long, late President of the Local Government Board recently received a Deputation of Rural District Councils and others re cottage buildings a short time back, he said:—

"The general principles that had always been advocated and  
"maintained by his department were that houses should  
"be well built, sanitary and suitable for human habita-  
"tion. . . . .

"At the present moment, under the very moderate system of  
"byelaws obtaining, there were some 700 Local Authorities,  
"266 of which had no byelaws at all. . . . .

"In any change he, or anybody who succeeded him, made, they  
"would never lose sight of the three considerations he had  
"laid down, but at the same time he thought it was very  
"unfortunate that in so large a number of cases in the  
"country there should be no byelaws in existence at all;  
"or that in some cases the byelaws should admit of habita-  
"tions which, as had been pointed out, were manifestly  
"unsuitable for human beings to live in. His object in any  
"alterations he might make would be so to adapt the bye-  
"laws to the requirements of the district, that they should  
"be adopted by a very much larger number of Local  
"Authorities than had hitherto adopted them. There  
"was evidence already that the new rural code was more

“suitable to rural districts than the old one, because they  
 “had received applications from the Local Authorities  
 “to withdraw the existing code and substitute the new one  
 “for it. The real difficulty in framing byelaws was making  
 “them applicable to what he might call mixed districts.  
 “There were many of them in this country. There were  
 “large areas the population of which was gradually becoming  
 “urban, or had become urban, the rest of it remaining  
 “purely rural. Byelaws applicable to districts where there  
 “were rows of houses, or where there was an aggregation of  
 “population, might become unsuitable, harsh and restrictive  
 “in districts where the houses were single, and the same conditions  
 “with regard to population did not obtain. . . . .  
 “He had already said that he had revised the rural code which  
 “had been issued, and he was carefully considering it with  
 “a view to considering whether there was anything in it  
 “which ought to be removed in order to prevent undue  
 “severity, and they were to see whether there was anything  
 “that could be added with advantage. He was considering  
 “an intermediate code, applicable to districts which were  
 “neither urban or rural in their character, and which it was  
 “difficult to divide, but to which a varied code might be  
 “more applicable than the existing code.”

#### FACTORIES AND WORKSHOPS.

The Annual Reports show that the Factory Acts seem to be administered in each District in the County.

Five underground Bakehouses were licensed under Section 101 of the above Act.

The following are a few references of interest:—

##### *Bromsgrove Urban District.*

Dr. Kidd says:—

“A list has been made, by the Inspector, of Workshops, etc.,  
 “in the town which are to be inspected under this Act.  
 “Heavy pressure of other work has prevented hitherto any  
 “systematic inspection of these work places, though several  
 “work shops which have been reported by the Factory Inspector  
 “have been visited and such work as lime-washing,  
 “etc., carried out. In the ensuing year a regular inspection  
 “of these work places will be made.”

##### *King's Norton and Northfield Urban District.*

Dr. Green says:—

“The Register of Workshops and work-places has been brought  
 “up to date, there being now 303 on it.”



*Factories and Workshops. Hop-pickers. Burial 74A  
Grounds.*

*Redditch Urban District.*

Dr. Stevenson says :

“ A good deal of time has been spent during the year visiting  
“ the Factories and Workshops. In many of the former the  
“ sanitary accommodation for the workers has been im-  
“ proved, and speaking generally the sanitary condition of  
“ the workshops and workplaces is fairly good.”

HOP-PICKERS.

*Martley Rural District.*

Dr. Greensill says :—

“ Your Inspector reports much improvement in the accom-  
“modation provided for hop-pickers, he visited the buildings  
“ while picking was going on. No contravention of your  
“ bye-laws was reported.”

*Tenbury Rural District.*

Dr. Whitaker says :—

“ You have not yet adopted any byelaws relating to hop-pickers  
“ who come in such numbers to your district in the season  
“ though the provision for their accommodation sometimes  
“ leaves much to be desired. There are no building bye-  
“ laws in the district outside the contributory area of the  
“ town. Now that byelaws specially suited to rural districts  
“ and free from the stringent conditions which are said to  
“ have prevented so much the building of country cottages  
“ have been issued by the Local Government Board the  
“ Council might well consider the propriety of adopting  
“ them. At present you have no control over the sanitary  
“ fitness of new cottages until they are completed and occu-  
“ pied.”

*Upton-on-Severn Rural District.*

“ This question has been dealt with under the heading of Small-  
“ pox (page 13).”

BURIAL GROUNDS.

*Kidderminster Borough.*

Dr. Corbet says :—

“ A special report on the state of St. George's Burial Ground  
“ was presented on November 14th, 1904, from which it  
“ appears that Dr. Hoffman held an Inquiry with regard  
“ to it in 1882. The conclusion he came to was ‘ that  
“ ‘ from its surroundings he did not think any injury could  
“ ‘ arise to the Public Health in its then condition and he  
“ ‘ thought there remained considerable room for inter-  
“ ‘ ments.’

“This churchyard was opened in 1824 and since then the total  
 “number of interments is 13,947, and usually they average  
 “about 100 per annum.”

The conclusion Dr. Corbet arrives at is:—

“No complaints have been received by the Health Department  
 “previous to the present one, neither have we ourselves  
 “noticed any nuisance arising; but, looking at the size of  
 “the churchyard and the number of burials, although up  
 “to the present there has been no nuisance, there is a  
 “danger in the near future, and we feel another enquiry  
 “should be now held.”

#### MIDWIVES ACT 1902.

The whole of the powers of the County Council under this Act were delegated to a Committee, consisting of nine members of the Council, and five co-opted ladies, on September 14, 1903, and the Committee is required to report to the Council “from time to time, “as may be necessary, and at least once a year, to the March Meeting “of the Council.”

The provisions of the Act have been referred to in my last Annual Report; but I may mention that after April 1st last, no woman can take or use the title of “Midwife” unless she enrolls with the Central Midwives Board. An unenrolled Midwife can however continue to practise until March 31, 1910, if she does not take that title or imply in any way that she is certified under the Act. After April 1st, 1910, no woman will be allowed “habitually” and “for gain” to attend women in childbirth otherwise than under the direction of a qualified medical practitioner, unless she is certified under the Act.

At the time of writing, 380 Midwives have been “enrolled,” and as the Committee under the Act appreciated that I could not “exercise general supervision over” all these, which is now obligatory upon the Council by Sect. 8 of the Act, they appointed Dr. Mary Williams, M.B., B.S. Lond., D.P.H. Camb., to assist me. As directed by the Committee we have visited all the Midwives, and some of them several times: in future it is hoped to interview each of them at least three times every year, and oftener if necessary. Prior to April 1st last, we found, that 11 per cent. of them can neither read nor write, 8 per cent. are dirty either as regards their bodies, or clothes, 10 per cent. have filthy houses, 16 per cent. were found not to wear washable dresses, and there were good reasons for thinking that 5 per cent. drink. Such a state of things could not have been possible if the Midwives had been trained; but as a matter of fact only 7 per cent. of them have been properly trained. The Midwives are called upon to carry out certain rules which the Central Midwives Board have framed, and the Committee is also required to “exercise general “supervision . . . in accordance with the rules”—but many of the rules are impracticable, and consequently I am glad to learn that they



are to be revised towards the end of the present year. As the administration of this Act is delegated to a Special Committee, I do not say more about it now, except to add that it entails a large amount of correspondence as well as other work; particulars of which will, I assume, be mentioned when the Committee reports to the Council in March next. The obligations imposed upon the District Councils with regard to the disinfection of Midwives' clothing has already been referred to, in the paragraph on "Disinfection" (p. 48).

### SCHOOLS.

Table XV. shows the number of Schools closed during 1904 on account of epidemic disease:—

TABLE XV.

Total No. Closed.	Diseases.						For Disinfection after Infectious Disease.
	Measles.	Mumps.	Scarlet Fever.	Diphtheria.	Chicken-pox.	Whooping Cough.	
88	43	3	18	2	1	19	2

Eighty-eight schools were closed in 1904, as compared with 72 in 1903, 58 in 1902, and 49 in 1901.

The number of Schools closed therefore seems to increase from year to year. About half of these closures were due to outbreaks of Measles, and 70 per cent. of them to Measles and Whooping Cough collectively; diseases which I have previously shown chiefly affect children under five years of age, and are not "notifiable."

Several Medical Officers show in their reports that the congregation of children at school, frequently disseminates infectious diseases; particularly Scarlatina, Diphtheria, Measles, and Whooping Cough, which Table XVI. shows chiefly affect children under five years of age.

Dr. Green (King's Norton) says "the outbreaks (of Scarlatina) were usually more or less associated with school attendance, and in several instances children were found at school whilst in the early peeling stage, their illness not having been discovered by their parents or teachers."

Dr. Wilson reports that "The great majority of the cases (of Scarlatina) were of an exceedingly mild type, and, as hitherto, the infection was mainly spread through attendance at School."

Referring to the 14 deaths from Diphtheria in Yardley District last year, Dr. Wilson writes: "Like Scarlatina, the disease was spread through school influence, though at no time was there any prevalence sufficient to warrant school closure."

A table given in the "Special Report" I made upon the recent epidemic of Scarlatina in the Borough of Evesham, which gives the number of cases notified in each week, and the dates when the schools were closed, confirms the view that schools are prone to disseminate it; for it is there shown, that when the schools were closed, the number of cases notified fell off, and on re-opening, the outbreak manifested renewed activity.

Table XVI. shows the ages of those who died in the County from Measles, Scarlatina, Diphtheria, and Whooping Cough during the decade 1895-04.

TABLE XVI.

Diseases.	Ages.		Total.
	Under 5 years.	5 years & upwards.	
Measles	872	73	945
Scarlet Fever	309	151	460
Whooping Cough	776	23	809
Diphtheria	285	225	510
Totals	2,252	472	2,724

It will be seen from the above that more than four-fifths of the 2,724 deaths registered during 1895-04 occurred in children UNDER five years of age, i.e., amongst children classified by Education Authorities as "Infants." Of the 809 deaths from Whooping Cough, no less than 776 occurred in children under five.

In my last Annual Report, I said "I was decidedly of opinion "that it is *undesirable from the health point of view*—for very young "children of 3 to 5 years, *residing in Rural Districts* to be sent to "school, which often obliges those, little more than babies, to be "dragged long distances in wet weather, and frequently to sit for "hours in damp clothes and with wet feet. In addition to which, "such children, are at times congregated in inadequately ventilated "school rooms, and run great risk of contracting juvenile infectious "ailments." As I have just shown (Table XVI.) "more than four- "fifths of the 2,724 deaths" from Measles, Scarlatina, Whooping Cough, and Diphtheria registered in the County during the decade 1895-04, occurred among children classified by Education Authorities as "Infants." Table XV. indicates that Measles and Whooping Cough necessitated the closure of 62 schools (70 per cent. of the total number closed) during 1904. This no doubt is largely the result of collecting "Infants" together, at a time when they are most liable to contract, juvenile and very fatal ailments; and it is generally agreed



that the postponement of School Attendance until the fifth year is likely to lead to less infectious disease, and fewer deaths. I understand that the average number of children now on the books of the Worcestershire Education Committee is 41,844, and that this number includes 3,287 children under five years of age, i.e., 7·8 per cent. of the children on the books, do not exceed five years of age. The chief reason no doubt for the attendance at school of these "Infants," is, not educational, but rather with the idea on the part of the mothers, of getting young children taken care of, for part of the day. Drs. Newholme and Pakes, in their well known work on school hygiene say "such premature school attendance tends to 'force' functions of the brain which should only come into activity at a later age, and so favours mental deterioration. It also greatly increases the liability to near sightedness and general ill-health. It is argued that apart from excessive incidence of infectious diseases, the children of the poor are more favourably placed in a large warm schoolroom than in their own homes. In naturally ventilated schools this is the exact opposite to the truth. Even in mechanically ventilated schools 60 to 70 infants cannot be collected in a classroom without some fouling of the air. The atmosphere of even the bedrooms of the vast majority of the poor is less polluted than that of the great majority of the schools."

At the recent School Conference held in London in February 1905, Dr. Dukes, a gentleman of large scholastic experience, showed that brain rest is very necessary to children for the healthy development of their brains, and that in his opinion children should be "worked by scale according to age" and those under five years of age should not go to school, but should have 14 to 15 hours sleep daily. It is often stated that the attendance of children under five years of age constitutes unnecessary waste of money, but a memorandum just issued by the Director of Education states "that if the children under five in the larger Infant Schools (say above 150 average) be all excluded, the services of some 30 teachers now engaged in teaching such children could be dispensed with. Putting the average salary of each of these teachers at £40, this will give an apparent saving of £1,200. But the 'Grants' which may be received for such children, 19s. 9d. per head, would about equalize that amount of saving. It is estimated that there are 121 schools with Infant Classes, or Divisions having an average of less than 40. If from the children at present forming such classes, those under five were excluded, the services of the teachers could not be dispensed with, as they would still be required to instruct children in the class aged 5 to 7. Thus the grant for such excluded children would be lost, while staff cost remained the same."

The Director then raises certain "problems," two of which bear on the public health aspect of the question, viz.,

"Is it better for the health of the children, that they should be excluded?"

“Is it better for the health of the community that these children  
“should be excluded?”

The Vital Statistics I have just quoted, and other evidence induces me to express an unhesitating *affirmative reply* to each of these queries.

The Worcestershire Education Committee brought the question of excluding “Infants” from School before the Board of Education on January 26th, 1905, by means of a Deputation; with the result that the Board, expressed the opinion that if a school is a rural school, it would be within the power of the Local Education Authority if they so desired, and even if accommodation existed, to exclude children between the ages of 3 and 5 years from school. This is a great concession on the part of the Board, and I trust the Worcestershire Education Authority (who have appointed a Special Committee to consider the matter) may see their way, to exclude such “infants” from school; and that if it is impracticable to do this at once, it may be effected gradually.

In my last Annual Report, I also advocated medical inspection of school children; consequently, I now give the following extract from your Committees report of 13 March, 1905, viz.:

*Proposed Sanitary Regulations with respect to Elementary Schools.*

“Your Committee have further considered the Memorandum  
“prepared by the Chairman of the Council referred  
“to them by Council Minute No. 856, to report how and  
“by what Committee or Committees the several matters  
“therein mentioned shall be dealt with.

“Your Committee recommend that the proposals referred  
“to in the Chairman’s Memorandum should be carried out  
“under the following two heads, as suggested in a Memo-  
“randum prepared by the County Medical Officer of Health  
“on the subject:—

“i. Granting of free medical certificates in cases of in-  
“fection diseases or other illness, where parents are  
“unable to pay the full cost of obtaining them. These  
“to be given at the cost of the Education Committee,  
“and 1/- for each certificate given by duly appointed  
“Medical Practitioners under the supervision of the  
“District Education Committees and their Officers, and  
“under regulations to be laid down by the County  
“Council.

“ii. Sanitation of Schools and inspection of Scholars (with  
“reference to mental incapacity, defective eyesight or  
“hearing, deformities, spinal curvature, under feeding,  
“etc.) These matters to be carried out under the



“ direction of a Sanitary Committee of the Education  
“ Committee.

“ As the Committee under the Midwives Act 1902, now utilize  
“ the services of a highly qualified Lady Doctor (M.B.,  
“ B.S. Lond., D.P.H. Camb.,) who visits practically  
“ every Parish in the County, special facilities are available  
“ for carrying this out at comparatively small cost, in con-  
“ junction with the County Medical Officer and District  
“ Medical Officers and Inspectors, and your Committee are  
“ of opinion that her services may be usefully utilized for  
“ this purpose.

“ It is also essential that all this work should be carried out  
“ in conjunction with the Director of Education.

“ Your Committee recommend that the Education Sanitary  
“ Committee to be appointed should consist of 12 Mem-  
“ bers, 9 being Members of the County Council Sanitary  
“ Committee and 3 being Members of the Education Com-  
“ mittee.”

The “ Sanitary Sub-Committee ” of the Education Committee having been appointed, are now considering how the suggestions named in the County Sanitary Committees’ Report can be carried out ; and at their first Meeting held 20 May 1905, I submitted a report which discussed the public health aspects of—

I. *Scholars.*

Examinations.

Brain-rest.

Eyestrain.

Medical Inspection

Certificates as to Infectious Diseases.

Uncleanliness.

Underfeeding, etc. of Scholars.

II. *Schools.*

Plans of Schools.

Playgrounds.

School Rooms Floors and Walls.

Sanitary Application.

Ventilation.

Lighting.

Heating.

Furniture.

Books.

Lavatories.

Cloak Rooms.

Excrement Disposal.

Drainage.

Watersupply.

III. *Training in Hygiene—*

As regards the granting of "free Medical certificates" the District Education Committees have been authorized to pay for them in those cases where the parents are unable to do so. These certificates are necessary not only with regard to the ordinary "notifiable" diseases (usually mild forms) where no medical man is in attendance, but also with regard to non-notifiable diseases such as Measles, Whooping Cough, Ring-worm, Itch, Vermin in the hair, etc.

If teachers are vigilant and tactful in carrying out this scheme, there is little doubt that infectious diseases (and more particularly the mild ones) will not be so readily disseminated through Elementary Schools as is now the case.

Although Schools do at times disseminate disease, occasionally they are unjustly credited with doing so, and as the "attendances" fall off in consequence, the "grants" are injuriously affected. This is shown in connection with a limited outbreak of Scarlatina which occurred at Dodford (Bromsgrove North District), of which Dr. Kidd report:—

" So that here were three cases in succession which had evidently  
 " contracted infection in their homes without any com-  
 " munication with Dodford School, and out of the total  
 " of eight cases between 18th September and 2nd November  
 " three cases certainly, and two others almost certainly, were  
 " contracted altogether apart from the school.

" In these circumstances, and especially since every known case  
 " had been promptly removed to hospital, I had no hesita-  
 " tion whatever in leaving the school open, but unfortunately  
 " one of the early cases died in the hospital, and a public  
 " scare was created among parents in the Dodford  
 " neighbourhood, who, being ignorant of the true facts and  
 " impressed by the death of one of the children, became per-  
 " suaded that the school was a "hot-bed of infection," and  
 " declined to send their children, so that the attendance  
 " at the school became seriously diminished. I was ap-  
 " pealed to by various people to order the closure of the  
 " school, but I was convinced that the school was not to  
 " blame, and declined to take this step.

" That my contention was correct, and that the infection was  
 " being spread by some other means than school attendance,  
 " has since been practically proved, for of three odd cases  
 " which occurred at increasing intervals after the 2nd of  
 " November, only one was in a child going to the school,  
 " the other two could both be proved to have no connection  
 " with school attendance."

" In consequence of the above described state of affairs, and  
 " in order to restore confidence and the attendance of child-  
 " ren at the school, the Education Authority took proceed-  
 " ings against one of the leading agitators against the school



“ to compel the attendance of his children. I gave evidence  
“ before the Bromsgrove Bench of Magistrates and explained  
“ the reasons why the school was to be considered free from  
“ blame, though even if the infection had evidently in every  
“ case come from the school, the occurrence of a total of 5  
“ cases, all immediately removed to hospital, would hardly  
“ have called for the closure of the school, one of the  
“ principal objects of the Isolation Hospital being to prevent  
“ the necessity for the closure of schools by removing the  
“ early cases of a threatened epidemic and so checking  
“ the further spread of the disease, and this I claim had  
“ been successfully done in this case even if the school had  
“ been the means of the spread of infection; still less reason,  
“ therefore, was there for closing the school in obedience  
“ to popular clamour when there was such strong evidence  
“ that the infection throughout was being conveyed in some  
“ way altogether unconnected with the school. The Magis-  
“ trates however declined to convict the defendant, and  
“ decided that he had reasonable grounds for suspecting the  
“ school and refusing to send his children. I think this  
“ was a most regrettable decision, and one that is bound  
“ to have serious consequences in the district.

“ By law the determining of the question whether a school shall  
“ be closed or not in consequence of the existence of in-  
“ fection is left in the presumably skilled hands of the  
“ Medical Officer of Health, but the effect of this decision  
“ is to transfer to the parents the power to decide whether  
“ dangerous infection is present in a public elementary  
“ school, and whether they shall send their children to it  
“ or not.

“ The circumstances are bound to arise again, as every Medical  
“ Officer of Health has frequently to decide that a school  
“ may safely remain open; it happens almost every year.  
“ Whenever in future he does so decide, in this district at  
“ any rate, the school attendance will probably diminish to  
“ vanishing point by the action of individual parents keeping  
“ their children away. It is true that the Magistrates an-  
“ nounced that this case was not to be regarded as a precedent  
“ for the future, but I fancy that the Education Authority  
“ will hesitate before laying themselves open to a rebuff of  
“ this kind again.”

#### COUNTY LABORATORY.

The County Analyst has favoured me with the following state-  
ment, which is abstracted from the Sixth Annual Report of the County  
Analyst and Bacteriologist for 1904:—

During the past year 2,900 samples have been examined.

These may be divided as follows:—

(a) *Chemical*

Acid Waste	-	-	-	-	-	154
Fertilisers and Feeding Stuffs	-	-	-	-	-	99
Food and Drugs	-	-	-	-	-	1276
Miscellaneous	-	-	-	-	-	112
Poisoning Cases	-	-	-	-	-	18
Sewage	-	-	-	-	-	12
Water	-	-	-	-	-	463

(b) *Bacteriological—*

Anthrax	-	-	-	-	-	35
Diphtheria	-	-	-	-	-	456
Miscellaneous	-	-	-	-	-	20
Tubercle	-	-	-	-	-	89
Typhoid	-	-	-	-	-	24
Water	-	-	-	-	-	142

Sixty-four samples of Food and Drugs taken under the Sale of Food and Drugs Acts were adulterated, and fines varying from 5/- to £5 and costs were inflicted.

456 Swabs from cases of suspected Diphtheria were received, and, as in former years, were examined and reported upon in 24 hours with few exceptions. On several occasions the presence of an antiseptic was noticed in the Swabs. If the throat has been treated with an antiseptic the swabbing should not be taken till six hours after the last application, otherwise the bacteriological examination becomes worthless.

Single negative results do not necessarily imply absence of Diphtheria bacilli; three consecutive failures to find the bacillus are required before any definite importance can be attached to negative results. If the growth on the Blood Serum culture is returned as being slight, a further and very thorough swabbing of the throat should be made and the swab sent for examination. On several occasion Diphtheria bacilli were only detected in swabbings from the nose, whilst swabbings from the throat gave negative results.

A considerable number of "bad throats" on examination were found to contain Höffmann's Pseudo Diphtheria bacilli and not the typical Kleb's Löffler. The symptoms in these cases were not severe.

There is considerable doubt as to the significance of the Pseudo bacillus, but I am of opinion, from a bacteriological point of view, that it is only a modified, non-virulent form of the typical bacillus, and that there is some evidence that it changes, under culture, into the typical form.

The examination of material from cases of suspected Anthrax and Tubercle continues.



During the year several experiments have been made with the serum of Sclavo, which has been used with success in Italy in the treatment of malignant pustule in man. The serum is stored in Worcester by a manufacturer who has kindly offered to place some at my disposal.

The examination of material from cases of suspected Tubercle, Diphtheria and Typhoid is now made free of cost to medical men in the County.

A sterile swab in case can be obtained free of cost by medical men in the County at any time from the County Analyst.

605 waters have been examined. Of these 463 were subjected to a complete chemical analysis and 142 to a bacteriological examination.





TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NETT.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number. (a)	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	2,876	102	35.17	13	132	44	15.17				44	15.17
1895.	2,876	64	22.2	14	216	60	20.86				60	20.86
1896.	2,876	84	29.2	13	154	53	18.43				53	18.43
1897.	2,876	88	30.59	11	125	43	14.95				43	14.95
1898.	2,876	72	25.03	11	152	42	14.60				42	14.60
1899.	2,876	76	26.42	12	157	41	14.25				41	14.25
1900.	2,876	71	24.68	7	98	51	17.73				51	17.73
1901.	2,866	87	30.35	8	91	39	13.60				39	13.60
1902.	2,866	76	26.51	7	92	52	18.1			9	52	18.14
1903.	2,866	86	30.0	4	46	29	10.11	9			38	13.2
Averages for years 1894-1903.	2,873	80	28.01	10	126	45	15.78				46	16.09
1904.	2,866	68	23.72	20	294	51	17.78			9	60	20.9

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11

*Borough of Bewdley.*

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..								
Scarlet Fever ... ..								
Whooping-cough ... ..	2		2					
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued								
Epidemic influenza ... ..	2					2		
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	6	5	1					
Enteritis ... ..								
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases...								
Phthisis ... ..	2				1	1		
Other tubercular diseases ... ..	1			1				
Cancer, malignant disease ... ..	2					1	1	
Bronchitis ... ..	17	9	2			1	5	
Pneumonia ... ..	1				1			
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..								
Alcoholism {								
Cirrhosis of liver { ... ..								
Venereal diseases ... ..								
Premature birth ... ..	3	3						
Diseases and accidents of parturition ... ..								
Heart diseases ... ..	4					3	1	
Accidents ... ..	1					1		
Suicides ... ..	1				1			
.....								
.....								
.....								
.....								
All other causes ... ..	18	3				3	12	
All causes ... ..	60	20	5	1	3	12	19	



*Borough of Bewdley.*

Dr. Miles reports :—

The high infantile mortality (294), which is greatly above the average (126), is not of very great importance, as it is purely accidental and in some measure due to the low birth-rate (23·7). No explanation of the high death-rate is given.

The Borough has been remarkably free from infectious disease. Five hundred and three houses are now supplied with water but there are still 131 “whose inhabitants are deprived of the benefit of the un-  
“limited supply of pure water . . . by the short-sighted economy of  
“themselves or their landlords.”

Fourteen wells have been condemned by the Analyst and closed; and town water substituted.

Many improvements have been made in house accommodation.

The drainage is in the same condition as hitherto, but the increased water supply has been more effective than anticipated in cleansing the sewers during dry weather.

Emptying of the ash-pits in the early hours of the morning, instead of during the daytime, is recommended, as the heaping of refuse in the roadway during the day causes a nuisance.

The Canal Boats, Bakehouses, Dairies and Cowsheds, Vans and Tents have been regularly inspected. One van was found to be overcrowded and another in an insanitary condition; consequently their owners were requested to leave the town.

Inspection of Factories and Workshops led in four instances to notices being served and improvements made.

The Slaughter Houses reported in 1903 “to be in a very unsatisfactory condition” are now stated to “remain as before.”

## Bromsgrove Urban District.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	8,000	226	28.4	24	106	126	15.8	34				
1895.	8,000	244	30.5	34	139	139	17.3	30				
1896.	8,000	234	29.2	30	128	115	14.3	22				
1897.	8,000	241	30.1	32	132	146	18.2	20				
1898.	8,150	225	27.6	31	133	146	16.6	25	4		155	18.7
1899.	8,250	217	26.3	36	165	159	18.7	36	4		153	18.0
1900.	8,500	217	24.3	21	96	157	18.0	34	11		141	16.7
1901.	8,416	253	30.0	24	94	152	16.7	28	6		114	13.4
1902.	8,460	245	28.9	14	57	120	13.4	27	12		144	16.9
1903.	8,500	251	29.5	28	111	156	16.9	34				
Averages for years 1894-1903.	8,227	235	28.4	27	116	141	16.5	29	7		141	16.7
1904.	8,540	231	27.0	24	103	141	13.2	43	28		113	13.2

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.



*Bromsgrove Urban District.*

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..	2		2					
Scarlet Fever ... ..								
Whooping-cough ... ..	2	1	1					
Diphtheria and membranous croup ... ..	1			1				
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued								
Epidemic influenza ... ..								
Cholera ... ..								
Plague ... ..								
Diarrhœa ... ..	1	1						
Enteritis ... ..	4	1	3					
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases ... ..								
Phthisis ... ..	6				4	2		
Other tubercular diseases ... ..	5	2	1		2			
Cancer, malignant disease ... ..	4					2	2	
Bronchitis ... ..	20	5	5			2	8	
Pneumonia ... ..	5			1	1	3		
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..								
Alcoholism ... ..								
Cirrhosis of liver } ... ..	2					2		
Venereal diseases ..	1	1						
Premature Birth ... ..	4	4						
Diseases and accidents of parturition ... ..								
Heart diseases ... ..	4					2	2	
Accidents ... ..	3			1		1	1	
Suicides ... ..	4					3	1	
.....								
.....								
.....								
.....								
All other causes ... ..	45	9	1		1	6	28	
All causes ... ..	113	24	13	3	8	23	42	

*Bromsgrove Urban District.*

Dr. Kidd reports:—

“A year of very satisfactory vital statistics.” The general death-rate is the lowest ever recorded and the year has been a healthy one in the matter of epidemic disease. The infantile death rate shows marked improvement (103 as compared with 116, the average for the years 1894-1903): this is stated to be the direct result of the efforts which have been made to improve the condition of child life.

Much has again been done to improve the drainage system and the sewage farm.

The difficulty in connection with the drainage of Rock Hill has been experimentally dealt with by the removal of the catchpits and it is said that “it certainly looks now as if this arrangement would “prove satisfactory, especially if the line of sewer between the bottom “of Rock Hill and the sewage farm is occasionally cleaned out.”

Not only has a profit of £50 been made at the sewage farm but the actual sewage purification has been improved.

Building appears to be brisk in the district.

Progress continues to be made in the conversion of privies to w.c.’s, but even now “it is not so rapid as one would wish.”

The excrement disposal of every Elementary School in the town is said to be satisfactory. The refuse removal, which hitherto has given considerable trouble, is said to have been solved by the acquisition of land at Hill Top for the purpose of a tip. Considerable care, it is said, will need to be exercised to prevent this site becoming a nuisance. The Dairies and Cowsheds have been inspected and found satisfactory. It is again mentioned that the position of the private Slaughterhouses, in small yards among the back premises of houses in crowded parts of the town, makes it almost impossible for slaughtering to be carried on without nuisance.

Pressure of work has hitherto prevented systematic inspection of “work-places.” The efficient way in which the Surveyor and Inspector (Mr. Smith) has carried out his duties is shown in a report published with that of the Medical Officer of Health. Mr. Smith says, that the Crabb Tree Lane sewerage cost £280 and that the owners of adjacent property have abolished the privy cesspits attached to their houses, and substituted w.c.’s; the necessary house drains have also been laid.

Personal inspection of the sewers has been carried out and material improvements made, in ventilation and flushing.

The abolition of disused wells and cisterns is strongly advocated, as the dangerous practice of covering them up nearly led to a serious accident a short time back.

The Lodging Houses have been improved and the removal of night soil successfully reorganised.

Mr. Smith has efficiently carried out his inspectorial duties without serving a single “statutory notice.” No new drain is covered up until the smoke test has been applied.



*North Bromsgrove Urban District.*

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	5,100	135	26.2	20	148	69	13.3					
1895.	5,150	164	31.8	18	109	73	14.1					
1896.	5,200	149	28.9	18	120	73	14.1					
1897.	5,300	132	24.9	18	136	67	12.6					
1898.	5,350	167	31.2	18	107	71	13.2					
1899.	5,400	143	26.4	20	139	61	11.9					
1900.	5,450	144	26.4	10	69	62	11.3					
1901.	5,687	174	30.5	21	120	82	14.4					
1902.	5,740	176	30.6	10	56	45	7.8					
1903.	5,800	151	26.0	15	99	66	11.5					
Averages for Years 1894-1903.	5,417	154	28.2	16	110	66	12.4					
1904.	5,860	166	28.1	18	108	72	12.2		2	6	76	12.9

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

*North Bromsgrove Urban District.*

TABLE IV.

Causes of, and Ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..								
Scarlet Fever ... ..	1		1					
Whooping-cough ... ..	2	1	1					
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued ... ..								
Epidemic influenza ... ..								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	2	2						
Enteritis ... ..	1	1						
Puerperal fever ... ..								
Erysipelas ... ..	1					1		
Other septic diseases... ..								
Phthisis ... ..	3					3		
Other tubercular diseases ... ..	2		1		1			
Cancer, malignant disease... ..	7					5	2	
Bronchitis ... ..	12	7	2			1	2	
Pneumonia ... ..	1	1						
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..								
Alcoholism { ... ..	2					1	1	
Cirrhosis of liver { ... ..								
Venereal diseases ... ..								
Premature Birth ... ..	3	3						
Diseases and accidents of parturition ... ..	1				1			
Heart diseases... ..	6					3	3	
Accidents ... ..	4		3			1		
Suicides ... ..	1					1		
Rheumatic Fever ... ..	1			1				
Old Age ... ..								
.....								
.....								
.....								
All other causes... ..	26	3	4	1	1	8	9	
All causes ... ..	76	18	12	2	3	24	17	



*North Bromsgrove Urban District.*

Dr. Kidd reports:—

The year has been an uneventful one from a public health point of view. The vital statistics are satisfactory.

There was no call for special sanitary work except the drainage of Rubery ; and as to which the County Council have recently been in communication with the Urban Council.

The matter is still sub-judice, as the question of dealing with the matter jointly with the King's Norton Urban Council, is under consideration. It is urged that if privies (particularly those at Cats-hill) were constructed on the improved design given in the byelaws, great improvement would result.

The Factory Acts are said to be inapplicable to the district. The decision of the Magistrates not to convict a man who declined to send his child to school on the ground that the schools were "a hot bed of infection" is criticised: and Dr. Kidd points out that he considers it very regrettable and one that is bound to have serious consequences in the district. Furthermore, he fancies that "the Education Authority will hesitate before laying themselves out to a rebuff of this kind again."

His reasons for this opinion are set forth in the report and should be referred to, by those interested in the matter.

## Borough of Droitwich.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	4,021	114	27.7	16	140	102	25.5		23		79	19.9
1895.	4,021	130	31.4	22	168	102	25.5		15		87	21.0
1896.	4,130	123	29.4	24	195	79	18.9		9		70	16.8
1897.	4,177	109	26.0	12	110	82	19.6		16		56	15.8
1898.	4,177	112	26.8	14	125	75	17.9		8		67	13.6
1899.	4,338	102	23.5	8	78	74	17.0		16		58	13.6
1900.	4,338	99	25.8	14	116	75	17.2		11		64	14.7
1901.	4,163	101	24.2	16	158	75	18.0	15	8		67	16.0
1902.	4,163	102	24.5	6	58	62	14.9	8	13		49	11.7
1903.	4,201	130	30.9	8	61	59	14.0	10	10	4	53	11.6
Averages for Years 1894-1903.	4,172	112	27.0	14	120	78	18.8	11	12	4	64	15.4
1904.	4,201	92	21.7	17	184	85	20.2	16	10	—	75	17.8

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.



*Borough of Droitwich.*

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up-wards.	
Small-pox ... ..								
Measles ... ..								
Scarlet fever ... ..								
Whooping-cough ... ..	6	5	I					
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ..								
{ Enteric ... ..								
{ Other continued								
Epidemic influenza ... ..	4		I			1	2	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	I	I						
Enteritis ... ..								
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases...								
Phthisis ... ..	2				I	I		
Other tubercular diseases ... ..	I	I						
Cancer, malignant disease ... ..	8					6	2	
Bronchitis ... ..	4	I					3	
Pneumonia ... ..	3		I				2	
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..	2					I	I	
Alcoholism } ... ..	2						2	
Cirrhosis of liver }								
Venereal diseases ... ..								
Premature birth ... ..	6	6						
Diseases and accidents of parturition ... ..								
Heart diseases ... ..	6					2	4	
Accidents ... ..	3		I	I			I	
Suicides ... ..								
.....								
.....								
.....								
.....								
.....								
All other causes ... ..	27	3		I	I	6	16	
All causes ... ..	75	17	4	2	2	17	33	

*Borough of Droitwich.*

Dr. Roden reports:—

“A nett death rate of 17·8, but that if seven deaths of visitors who died in the Borough are excluded, the corrected death rate would be 14·5.”

The infantile mortality (184) is considerably above the average for the years 1894-1903 (120).

There are 68 Factories and Workshops in the Borough and attention is drawn to the fact that Sanitary Authorities may be required by the Inspector of Factories to carry out improvements under the Public Health Act, 1890, and to pay the cost of doing so.

The Dairies and Cowsheds, Bakehouses, Common Lodging Houses, Canal Boats, and Slaughter Houses have all been inspected and were found in satisfactory condition.

“A visit has been made by the County Medical Officer with regard to certain properties which were mentioned in two previous annual reports, and (Dr. Roden) is not aware of any action having been taken in the matter.”

He mentions that he is “glad to see a copy of the Byelaws and to hear that a considerable portion have been sanctioned by the Local Government Board.”



TABLE I.

## FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NETT.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number. (a)	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	5,836	184	31.5	18	97	79	13.5					
1895.	5,836	203	34.7	26	128	98	16.7					
1896.	5,836	212	36.3	19	89	80	13.7					
1897.	7,150	206	28.7	24	116	93	13.0					
1898.	7,150	201	28.1	24	119	101	14.1					
1899.	7,545	208	27.5	20	96	103	13.6					
1900.	7,645	212	27.7	31	146	128	16.7	5	3	5	130	17.0
1901.	7,101	229	32.2	21	91	96	13.5	9	3	7	100	14.0
1902.	7,101	219	30.8	29	132	99	13.9	2	2	6	103	14.5
1903.	7,101	238	33.5	35	147	107	15.0	14	8	10	109	15.3
Averages for years 1894-1903.	6,830	211	31.1	24	116	98	14.3	7	4	7	111	15.2
1904.	7,101	209	29.4	17	81	100	14.0	13	5	3	98	13.6

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11

*Borough of Evesham.*

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..	2		2					
Scarlet Fever ... ..	6	2	2	2				
Whooping-cough ... ..	3	1	2					
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued ... ..								
Epidemic influenza ... ..								
Cholera ... ..								
Plague ... ..								
Diarrhœa ... ..	3	2	1					
Enteritis ... ..								
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases ... ..								
Phthisis ... ..	7					7		
Other tubercular diseases ... ..	2		1			1		
Cancer, malignant disease ... ..	4					4		
Bronchitis ... ..	8	2	2			1	3	
Pneumonia ... ..	6	3	3					
Pleurisy ... ..	1			1				
Other diseases of Respiratory organs ... ..								
Alcoholism ... ..								
Cirrhosis of liver ... ..	2					1	1	
Venereal diseases ... ..								
Premature birth ... ..								
Diseases and accidents of parturition ... ..								
Heart diseases ... ..	8					3	5	
Accidents ... ..	4		1		1	2		
Suicides ... ..	3					2	1	
.....								
.....								
.....								
.....								
All other causes ... ..	39	9	4		2	8	16	
All causes ... ..	98	19	18	3	3	29	26	



*Borough of Evesham.*

Satisfactory vital statistics are reported but a serious outbreak of Scarlet Fever (176 cases and 6 deaths) occurred.

This outbreak is referred to in the paragraph on "Scarlet Fever" A thorough inspection of the Lodging Houses, Dairies and Cowsheds, Bakehouses, and Factories and Workshops has been made, and various improvements suggested.

Considerable attention has been given to the improvement of Labourers' Dwellings during the year.

It is mentioned that the Borough is practically free from Privies, w.c.'s being general.

## Borough of Kidderminster.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	25,000	641	25.64	78	121.68	391	15.64	86			440	17.60
1895.	25,000	637	25.48	104	163.26	471	18.84	107		1	385	15.40
1896.	25,000	614	24.56	108	175.89	398	15.92	80		1	406	16.24
1897.	25,000	617	24.68	111	179.90	427	17.08	82		2	370	14.80
1898.	25,000	568	22.72	89	156.69	394	15.76	90		0	401	16.04
1899.	25,000	571	22.84	87	152.36	436	17.44	97		2	499	19.96
1900.	25,000	600	24.00	103	171.66	542	21.68	133		0	457	18.51
1901.	24,681	622	25.20	128	205.78	496	20.08	105		1	396	16.03
1902.	24,700	622	25.18	88	141.47	433	17.53	115		7	379	15.34
1903.	24,700	637	25.78	70	109.89	414	16.76	129		19		
Averages for years 1894-1903.												
		612	24.60	96	157.85	440	17.67	102	34	4	414	16.95
1904.	24,700	627	25.38	95	151.51	469	18.98	135	39	6	436	17.65

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.



*Borough of Kidderminster.*

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..								
Scarlet Fever ... ..	2		1	1				
Whooping-cough ... ..	4	3	1					
Diphtheria and membranous croup ... ..	3		3					1
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								1
{ Other continued ... ..								
Epidemic influenza ... ..								
Cholera ... ..								
Plague ... ..								
Diarrhœa ... ..	9	8					1	
Enteritis ... ..	12	11					1	1
Puerperal fever ... ..								
Erysipelas ... ..	3	2				1		1
Other septic diseases ... ..								
Phthisis ... ..	19		1	2	8	8		5
Other tubercular diseases ... ..	21	2	4	1	2	12		8
Cancer, malignant disease ... ..	23					15	8	14
Bronchitis ... ..	67	16	7	1	1	11	31	19
Pneumonia ... ..	30	8	3		2	11	6	4
Pleurisy ... ..	1					1		
Other diseases of Respiratory organs ... ..								
Alcoholism ... ..								
Cirrhosis of liver ... ..	4					3	1	
Venereal diseases ... ..	1					1		
Premature Birth ... ..	11	11						
Diseases and accidents of parturition ... ..	6				2	4		
Heart diseases ... ..	17		1	2	2	6	6	7
Accidents ... ..	9	1	1	2		3	2	1
Suicides ... ..	6					6		
.....								
.....								
.....								
.....								
All other causes ... ..	188	31	6	3	7	49	92	73
All causes ... ..	436	93	28	12	24	131	148	135

*Borough of Kidderminster.*

Dr. Corbet reports:—

A nett death rate of 17·6, and that there were 299 notifications of Scarlet Fever (2 deaths) as compared with 590 cases (1 death) in 1903.

He adds: “Although the amount of Hospital isolation practised in this town has failed to stamp out Scarlet Fever, it cannot be denied that the Isolation Hospital has diminished the amount of Scarlet Fever. The immense good the Hospital is to the patients, and to the inmates of the homes from which they are removed, cannot be measured or put down in figures. The majority of the houses in Kidderminster have only three bedrooms, many have only two bedrooms, and also in many instances the back yards, water closets, and wash-houses are common to more than one house. I ask how is it possible under such conditions to nurse and isolate cases of Scarlet Fever at home.”

The Borough was free from Measles, but useful printed instructions to parents on the care and treatment of this disorder were issued, by way of precaution.

Two cases of Smallpox occurred (see par on Smallpox).

The number of cases of Diphtheria (22 cases, 3 deaths) notified was less than any year since 1890.

A special report on the state of St. George's Burial Ground was presented on November 14th, 1904, from which it appears that Dr. Hoffman held an Inquiry with regard to it in 1882. The conclusion he came to was “that from its surroundings he did not think any injury could arise to the Public Health in its then condition and he thought there remained considerable room for interments.

This churchyard was opened in 1824, and since then the total number of interments is 13,947. Usually they average about 100 per annum.

The conclusion Dr. Corbet arrives at is: “No complaints have been received by the Health Department previous to the present one, neither have we ourselves noticed any nuisance arising; but, looking at the size of the churchyard and the number of burials, although up to the present there has been no nuisance, there is a danger in the near future, and we feel another enquiry should be now held.”

The purchase of a piece of land by the Corporation to open up Queen Street is said to have effected a great sanitary improvement in the locality. Flooding of the basements of houses at Worcester Cross and Oxford Street, reported last year, has now been dealt with, by the putting down of a storm overflow.

Court sweeping continues to be satisfactorily carried out.

The refuse disposal is still effected without difficulty. Four underground Bakehouses have been licensed. The Factories and Workshops have been thoroughly inspected; and, on the whole, found to be in a satisfactory condition. The Slaughter Houses are reported to be clean.



King's Norton and Northfield Urban District.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	30,977	785	25.34	90	114.64	442	14.26	145	108		334	10.78
1895.	34,127	1010	29.59	108	106.93	499	14.62	123	100		399	11.69
1896.	38,117	1031	27.04	122	118.33	541	14.19	124	102		439	11.51
1897.	42,700	1149	26.90	170	147.95	643	15.05	163	123		520	12.15
1898.	48,500	1332	27.46	171	128.37	652	13.44	141	113		539	11.11
1899.	52,076	1546	27.73	187	120.95	755	13.54	182	118		637	11.4
1900.	54,958	1651	27.51	215	130.22	921	15.36	226	189	1	733	12.21
1901.	57,120	1773	31.03	227	128.03	888	15.54	227	160		728	12.74
1902.	60,779	1832	30.14	201	110.2	836	13.75	243	180	38	694	11.25
1903.	63,717	1755	27.5	173	98.5	793	12.44	802	140	32	653	10.24
Averages for Years 1894-1903.	48,307	1386	28.02	166	120.41	697	14.21	177	133		567	11.5
1904.	66,667	1885	28.4	192	102	895	13.42	255	196	45	735	11.02

\* Rates calculated per 1,000 of population.  
(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.

Causes of, and Ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..	6	1	4	1				
Scarlet Fever ... ..	4		3	1				
Whooping-cough ... ..	18	11	6	1				
Diphtheria and membranous croup ... ..	6		6					
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..	2					2		
{ Other continued								
Epidemic influenza ... ..	11	2	2			4	3	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	16	15	1					
Enteritis ... ..	25	17	4			1	3	
Puerperal fever ... ..	3					3		
Erysipelas ... ..	4					1	3	
Other septic diseases... ..	6	3		1		1	1	
Phthisis ... ..	40		1		8	30	1	
Other tubercular diseases ... ..	24	9	8	3	3	1		
Cancer, malignant disease ... ..	52			1		33	18	
Bronchitis ... ..	53	11	4			16	22	
Pneumonia ... ..	50	17	11	2	4	11	5	
Pleurisy ... ..	3	1					2	
Other diseases of Respiratory organs ... ..	3			1		1	1	
Alcoholism ... ..								
Cirrhosis of liver } ... ..	12					11	1	
Venereal diseases ... ..	1	1						
Premature Birth ... ..	24	24						
Diseases and accidents of parturition ... ..	5					5		
Heart diseases... ..	63			2	1	38	22	
Accidents ... ..	20	4	4	2		5	5	
Suicides ... ..	7					7		
Old Age ... ..	61					1	60	
.....								
.....								
.....								
.....								
All other causes... ..	216	76	15	6	10	59	50	
All causes ... ..	735	192	69	21	26	230	197	



*King's Norton and Northfield Urban District.*

Dr. R. Green presents an elaborate report of 56 pages, and says *inter alia*, that:—

The Council have appointed a Health Visitor to give instruction in the practical details of Infant Feeding.

Measles necessitated the closure of seven schools.

The outbreaks of Scarlatina (352 cases, 4 deaths) were more or less associated with school attendance.

The two new blocks (one for diphtheria) at the Isolation Hospital are highly spoken of. A new steam laundry has supplanted the old one. Three cases of Smallpox were treated at the Hollyrood Hospital.

"Good progress has been made in the somewhat colossal task of "cleansing the Augean stables of the cowsheds," under the direction of a Special Sub-Committee. Evidently much good work has been done, and definite regulations as to the structure &c. of such places have been adopted.

It is expected that by April, 1906, the Corporation (Birmingham) water will be supplied to Bartley Green.

The abolition of privies and substitution of w.c.'s has gone on steadily.

The Heenan and Froude Refuse Destructor is reported to be in working order in the autumn.

New sewerage works for Bartley Green and Woodgate have been commenced. There is a probability that a new sewer for Rednal may shortly become an accomplished fact.

Plans for 634 houses (200 less than in 1903) were passed; the chief increase was in Stirchley and Selly Oak Wards. There have been some complaints of unpaved houses and yards. The supply of houses is ample.

Two hundred and twenty inspections of canal boats have been made, and "good work done."

Two hundred and ninety-nine visits were paid to 19 registered Slaughter Houses, and it is said that several of the old ones are not suitable for the purpose. No less than 200 samples have been taken under the Sale of Food and Drugs Act.

The Register of Workshops has been brought up to date; 338 visits were paid and 93 defects found.

The Bakehouses are satisfactory.

One hundred and fifty-two specimens were examined in the Council's Laboratory.

A large number of houses where phthisis deaths occurred were visited, and many rooms sprayed.

Only 11 cases of Typhoid Fever occurred, which is the lowest number for eight years, even though the population has much increased.

*Lye and Wollescote Urban District.*TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- Residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.												
1895.												
1896.												
1897.	10,649	386	36.2	69	178	173	16.2					
1898.	10,729	382	35.4	65	170	200	18.6					
1899.	10,810	396	36.6	72	181	193	17.8					
1900.	10,891	379	34.7	57	150	200	18.3			13	191	17.4
1901.	10,972	384	34.9	62	161	186	16.9			5	164	14.7
1902.	11,082	377	34.0	44	116	151	13.6			13	177	15.8
1903.	11,171	414	37.06	71	171	166	14.8			11		
Averages for Years 1897-1903.	10,900	388	35.5	62	161	181	16.6					
1904.	11,261	360	31.9	39	108	147	13.0			9	156	13.8

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.



*Lye and Wollescote Urban District.*

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up-wards.	
Small-pox ... ..								
Measles ... ..	8		7		1			
Scarlet fever ... ..	2		1	1				
Whooping-cough ... ..	2	1	1					
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
Enteric ... ..	1				1			
Other continued								
Epidemic influenza ... ..	4				2		2	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	7	7						
Enteritis ... ..	7	5			1	1		
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases... ..	1		1					
Phthisis ... ..	8			1	2	5		
Other tubercular diseases ... ..	4		1	2		1		
Cancer, malignant disease ... ..	3					1	2	
Bronchitis ... ..	20	6	4			7	3	
Pneumonia ... ..	5		1			2	2	
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..								
Alcoholism ... ..								
Cirrhosis of liver } ... ..	1					1		
Venereal diseases ... ..								
Premature birth ... ..	6	6						
Diseases and accidents of parturition ... ..								
Heart diseases ... ..	7				2	5		
Accidents ... ..	6	1	3			2		
Suicides ... ..								
Convulsions ... ..	7	5	2					
.....								
.....								
.....								
.....								
All other causes ... ..	57	9	3	3	3	10	29	
All causes ... ..	156	40	24	7	12	35	38	

*Lye and Wollescote Urban District.*

Dr. Darby reports :—

The lowest death-rate (13·8) since the district was constituted. The infantile mortality (108) is remarkably low and it would appear that the work of the Health Missioner and the Day Nursery are having a salutary effect. The number of infectious diseases has also dropped ; and it is stated that it is extremely probable that the reduction in the number of cases of this disease may be accounted for by the greater cleanliness of the district since the drainage has been taken into the proper sewers, and the old privy midden is rapidly becoming an exceptional arrangement. Moreover the night-soil removal is much better carried out than it has been in previous years, and there are very few ashpits now that are not receiving frequent attention.

The licenses of several Slaughter Houses have been refused, because those places are not in conformity with the byelaws.

The Dairies and Cowsheds have been visited. The Factories and Workshops were found generally to be in a satisfactory condition.

Of the Day Nursery or Creche Dr. Darby says :

“ This was formally opened by the president, Viscountess Cobham, on January 15th, 1904. The scheme has not been responded to in the way it was expected it would. The average number of children per day is 3 or 4, some days there may be 5 or 6, or some days only one. The outside help, in funds, and ladies and gentlemen who take an interest in the matter are forthcoming, but the babies are not sent in such numbers as to satisfy the committee at present. The committee take into consideration the extremely depressed state of trade and lack of work, and hope for better results yet. They have decided to go on with the work, but are endeavouring to find a house at less rental.”



TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NETT.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number. (a)	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	6,185	91	14.7	16	175	85	13.7					
1895.	8,185	135	16.4	20	148	123	15.0					
1896.	8,848	154	17.4	19	123	102	12.8					
1897.	8,848	146	16.5	13	89	112	12.6					
1898.	14,838	347	23.4	28	79	196	13.2					
1899.	16,000	296	18.5	27	87	215	13.4					
1900.	16,300	312	19.1	31	99	217	13.3			10	227	13.9
1901.	16,448	328	19.9	31	94	178	10.8			13	191	11.6
1902.	16,448	312	18.9	29	92	194	11.7			18	212	12.9
1903.	16,448	306	18.5	17	55	154	9.3			19	173	10.5
Averages for years 1894-1903.	12,854	242	18.3	23	104	158	12.5			15	200	12.2
1904.	16,448	286	17.3	27	93	178	10.8			22	200	12.2

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11

*Malvern Urban District.*

TABLE IV.  
Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..	2	1	1					
Scarlet Fever ... ..	6	2	2	2				
Whooping-cough ... ..								
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..	2					2		
{ Other continued ... ..								
Epidemic influenza ... ..								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..								
Enteritis ... ..	3	2	1					
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases... ..								
Phthisis ... ..	14		1	1	2	8	2	
Other tubercular diseases ... ..	7	2	1	1	1	2		
Cancer, malignant disease ... ..	22					12	10	
Bronchitis ... ..	10	3	1				6	
Pneumonia ... ..	7			1		2	4	
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..	1						1	
Alcoholism { ... ..	3					2	1	
Cirrhosis of liver { ... ..								
Venereal diseases ... ..								
Premature birth ... ..	3	3						
Diseases and accidents of parturition ... ..	1	1						
Heart diseases ... ..	23			1		10	12	
Accidents ... ..	2	2						
Suicides ... ..	1				1			
.....								
.....								
.....								
.....								
All other causes ... ..	93	11	3	2	1	32	44	
All causes ... ..	200	27	10	8	5	70	80	



*Malvern Urban District.*

Ninety-eight cases of Scarlet Fever occurred during the year among 76 families, and the dissemination of the disease was due to personal infection. An epidemic was averted by promptly isolating patients at the Hospital. Steady progress is being made with the abolition of the old brick sewers, and the state of the sewage farm at Barnard's Green is receiving the consideration of a Sub-Committee, who will shortly bring up a report for improving it.

The water supply has been scanty : but an Act of Parliament is now being obtained by which it will be augmented. The Lodging Houses, Slaughter Houses, Dairies and Cowsheds have all been inspected ; new byelaws have been submitted to the Local Government Board.

## Oldbury Urban District.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District. 11	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	21,000	833	39.6	144	172	349	16.1					
1895.	23,900	882	36.9	179	202	456	19.0					
1896.	24,262	920	37.9	197	214	556	22.9					
1897.	25,172	936	37.1	173	184	423	16.8					
1898.	25,500	973	34.2	227	233	607	23.8					
1899.	26,000	1003	38.5	226	225	512	19.6					
1900.	26,400	966	36.5	216	223	554	20.6					
1901.	25,191	900	35.7	170	188	428	16.8					
1902.	25,600	984	38.4	141	143	432	16.7					
1903.	25,700	915	35.6	175	180	404	15.6			34	438	17.3
Averages for years 1894-1903.	24,872	931	37.0	184	197	472	18.7					
1904.	26,000	955	36.7	192	201	495	19.0			37	532	20.4

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.



## Oldbury Urban District.

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..	18	5	13					
Scarlet Fever ... ..								
Whooping-cough ... ..	28	9	19					
Diphtheria and membranous croup ... ..	2		1	1				
Croup ... ..								
Fever { Typhus ... ..	7			2	2	3		
Enteric ... ..								
Other continued ... ..								
Epidemic influenza ... ..	1						1	
Cholera ... ..								
Plague ... ..								
Diarrhoea ... ..	55	40	9			3	3	
Enteritis ... ..	5	4	1					
Puerperal fever ... ..	2				2			
Erysipelas ... ..	1						1	
Other septic diseases ... ..	1		1					
Phthisis ... ..	17	1	1	1	5	9		
Other tubercular diseases ... ..	14	4	8		1	1		
Cancer, malignant disease ... ..	20				1	17	2	
Bronchitis ... ..	60	21	9			15	15	
Pneumonia ... ..	56	15	23	4		11	3	
Pleurisy ... ..	2			1		1		
Other diseases of Respiratory organs ... ..	1			1				
Alcoholism ... ..	9					7	2	
Cirrhosis of liver ... ..								
Venereal diseases ... ..	3	3						
Premature Birth ... ..	23	23						
Diseases and accidents of parturition ... ..								
Heart diseases ... ..	24	2			2	16	4	
Accidents ... ..	12	3		3	2	2	2	
Suicides ... ..	3				1	1	1	
.....								
.....								
.....								
.....								
All other causes ... ..	168	62	13	4	3	30	56	
All causes ... ..	532	192	98	17	19	116	90	

*Oldbury Urban District.*

Dr. Buttery reports :—

A high birth-rate (36·7) and a nett death rate of 20·4. With regard to the latter there are several causes, the chief of which were the epidemics of Measles and Whooping Cough in the first half of the year and a severe visitation of epidemic Diarrhœa in the later summer months and early autumn. There was also a marked increase of deaths from chest affections, including Phthisis. There have also been more deaths from Cancer than have been registered for some years previously.

The infant mortality is again very high (201). The principal cause of this increase was the high mortality from diarrhœal diseases, as 44 children under one year died from this disorder.

These deaths were in a great measure due to improper feeding and nursing, consequently a large number of hand bills advising that precautionary measures should be observed, were issued. The Health Missioner has also visited from house to house. In the early part of the year Measles was prevalent but only 16 cases of Typhoid Fever were notified, which is the smallest number ever reported in Oldbury, a fact which is said to be due to improved sanitation.

The paving of many of the yards, and the gradual substitution of the water carriage system for the filthy and insanitary privy middens which were the rule a few years ago, has greatly contributed to this improved condition of things.

A number of old and insanitary dwellings have been repaired, while others have been closed as unfit for habitation. The Slaughter Houses are now in a much better condition than a few years ago, and the same may be said of the Bakehouses.

The Factory Act has entailed a considerable amount of work. Dairies and Cowsheds have received a good deal of attention, and are more up to date than they were before.

The Scavenging has been carried out in a satisfactory manner.



TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	12,006	330	27.4	26	78	129	10.0					
1895.	12,224	347	28.3	56	161	223	18.2					
1896.	12,442	341	27.4	78	228	206	16.5	4				
1897.	12,660	324	25.5	65	200	214	16.9	10				
1898.	12,894	388	30.0	73	188	209	16.2	9				
1899.	13,112	388	29.5	65	170	184	14.0	8				
1900.	13,330	392	29.4	78	198	264	19.8	6				
1901.	13,550	418	30.8	62	148	184	13.5	10				
1902.	13,784	403	29.2	63	156	183	13.2	10	3	3	183	13.2
1903.	14,039	405	28.8	55	135	181	12.8	10	6	9	184	13.1
Averages for Years 1894-1903.	13,004	373	28.6	62	166	197	15.1					
1904.	14,289	367	25.6	59	160	179	12.5	12	6	9	182	12.7

\* Rates calculated per 1,000 of population.  
(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

*Redditch Urban District.*

TABLE IV.  
Causes of, and Ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..								
Scarlet Fever ... ..	2		2					
Whooping-cough ... ..								
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued ... ..								
Epidemic influenza ... ..								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	16	14	2					
Enteritis ... ..	9	6	1	1			1	
Puerperal fever ... ..								
Erysipelas ... ..	2	1				1		
Other septic diseases... ..								
Phthisis ... ..	10				2	8		
Other tubercular diseases ... ..	10	3		4	1	2		
Cancer, malignant disease... ..	14					5	9	
Bronchitis ... ..	23	4	1			9	9	
Pneumonia ... ..	8	3	2			2	1	
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..								
Alcoholism ... ..								
Cirrhosis of liver } ... ..	2					2		
Venereal diseases ... ..								
Premature Birth ... ..	14	14						
Diseases and accidents of parturition ... ..	2					2		
Heart diseases... ..	17			1	1	12	3	
Accidents ... ..	3	2		1				
Suicides ... ..								
Congenital Debility ... ..	8	8						
Senile Decay ... ..	11						11	
Convulsions ... ..	3	2	1					
.....								
.....								
All other causes... ..	28	2	1		5	11	9	
All causes ... ..	182	59	10	7	9	54	43	



*Redditch Urban District.*

Dr. Stevenson reports:—

That the nett death-rate (12·7) is the lowest ever recorded except in 1894, when it was only 11·0.

The infant mortality amounted to 160, as compared with an average of 166 for the years 1894-1903.

Epidemic Diarrhœa caused 16 deaths and it has been proved again and again that bottle-fed babies are more liable to intestinal disorders than those fed solely by the breast, and as in Redditch fully 80 per cent. of the babies are bottle-fed, we must accordingly expect when visited by an epidemic of summer diarrhœa some such result as we find in 1904.

Hard as the Health Missioner (Mrs. Coffey has worked, she finds the greatest difficulty in persuading mothers to rely on breast feeding alone. In very many cases it is impossible for the mothers to do it, as they return to work in the factories as soon as they are well after confinement, and only can feed the baby when they come in for meals or finish the day's work. The Health Missioner has been most painstaking and assiduous in the carrying out of her duties, and undoubtedly many young mothers have cause to (and do) thank her for her frequent visits and advice; but how often, how very often, has she been disappointed. The following are briefly the chief points in which she finds the mothers at fault:—the persistence (despite all warnings and advice) in the use of the long-tubed bottles, irregular methods of feeding, want of knowledge and cleanliness in preparing the food and keeping bottles clean and fit for use; the giving of bread and farinaceous foods to infants of unsuitable age; want of fresh air and daily bath for the baby.

The question of starting a crèche was discussed during the year, and although everyone agreed it would be most useful, the matter was allowed to drop owing to expense.

The total number of infectious diseases was remarkably low (36) and except for diarrhœa the district was very free from zymotic diseases. The death rates of Phthisis in 1904 (0·69) is said to be lower than any other year on record and Dr. Stevenson adds:—

I am pleased to report that the fund, started in 1902, for sending patients to the Sanatorium at Knightwick, has received and continues to receive support from all classes in the district. Since its inception seven patients have had terms of treatment, varying from two to six months, and, with one exception, all the cases undoubtedly were markedly benefitted by their stay at the Sanatorium.

Since 1903 when regulations were made by the Council with respect to Dairies and Cowsheds more attention has been given to them, and owing to these regulations and the constant supervision there has been marked benefit.

Much time has been given to the Factories and Workshops, and, generally speaking, the workplaces are in fairly good order. Improvement of the sanitary condition of the town steadily continues, but there are too many middens in the populous parts and there are still 680 "pails," although their number is steadily decreasing.

## Stourbridge Urban District.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	15,475	464	29.98	70	150.86	255	16.47					
1895.	15,615	445	28.49	63	141.57	243	15.56					
1896.	15,757	463	29.38	82	177.10	277	17.51					
1897.	15,901	456	28.67	74	162.28	246	15.47					
1898.	16,045	479	29.85	68	141.96	266	16.57					
1899.	16,191	469	28.96	77	164.17	302	18.65					
1900.	16,339	478	29.25	72	150.62	237	13.89			40	277	16.95
1901.	16,489	467	28.32	51	109.20	212	12.85			32	244	14.79
1902.	16,639	468	28.12	58	123.93	209	12.56			33	242	14.53
Averages for Years 1895-1903.	16,050	465	28.99	68	146.81	249	15.54					
1904.	16,790	463	27.57	63	135	257	15.30			31	288	17.15

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.



Stourbridge Urban District.

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up-wards.	
Small-pox ... ..								
Measles ... ..	40	5	29	6				
Scarlet fever ... ..	1		1					
Whooping-cough ... ..	3	1	2					
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..						2		
{ Enteric ... ..	2							
{ Other continued								
Epidemic influenza ... ..								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	8	8						
Enteritis ... ..								
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases...								
Phthisis ... ..	18	1	1	1	4	10	1	
Other tubercular diseases ... ..	3	1		1		1		
Cancer, malignant disease ... ..	15					10	5	
Bronchitis ... ..	28	9	4			5	10	
Pneumonia ... ..	8	1	3	2		1	1	
Pleurisy ... ..	2					1	1	
Other diseases of Respiratory organs ... ..	1					1		
Alcoholism ... ..						4	1	
Cirrhosis of liver } ... ..	5					1		
Venereal diseases ... ..	1							
Premature birth ... ..	13	13						
Diseases and accidents of parturition ... ..	2				1	1		
Heart diseases ... ..	31	2		1		19	9	
Accidents ... ..	3	2				1		
Suicides ... ..	2					2		
.....								
.....								
.....								
.....								
.....								
All other causes ... ..	102	20	2	1	3	27	49	
All causes ... ..	288	63	42	12	8	86	77	

*Stourbridge Urban District.*

Dr. Wilberforce Freer reports:—

That the increased death-rate (17·1) and infantile mortality (135) are due to the very severe epidemic of Measles experienced in the first half of the year, and which accounted for 34 deaths under five years of age. He approves a recommendation of the Health Missioners that Midwives should be taught to advise mothers as to the rearing of infants, as any advice the Midwives may think fit to give, is, in the majority of cases, faithfully carried out.

Three houses were closed as unfit for habitation. House building has been stimulated by the action of the Council with regard to a scheme for building cottages themselves.

A refuse destructor has been erected.

The Factory and Workshops Act is evidently carried out.



Stourport Urban District.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NETT.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number. (a)	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.												
1895.												
1896.												
1897.												
1898.	4,629	125	27	13	104	52	11·2			4	56	12·0
1899.	4,596	124	26·9	13	104	55	11·9		1		54	11·7
1900.	4,562	122	26·7	12	98	56	12·2			5	61	13·3
1901.	4,521	106	23·4	17	160	62	13·6			8	70	15·4
1902.	4,486	104	23·4	12	111	52	11·5			8	60	13·3
1903.	4,486	121	26·9	8	66	44	9·8		2	13	55	12·2
Averages for years 1898-1903.	4,540	117	25·7	12	107	53	11·7		5	6	59	13·0
1904.	4,416	116	25·8	12	104	67	12·9		1	13	79	17·8

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11

*Stourport Urban District.*

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..								
Scarlet Fever ... ..	2	1	1					
Whooping-cough ... ..	6	3	3					
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..	1					1		
{ Other continued								
Epidemic influenza ... ..								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	4	2	2					
Enteritis ... ..	1	1						
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases...								
Phthisis ... ..	5					5		
Other tubercular diseases ... ..	3	2			1			
Cancer, malignant disease ... ..	6					5	1	
Bronchitis ... ..	4	2					2	
Pneumonia ... ..	2	1			1			
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..								
Alcoholism { ... ..	1					1		
Cirrhosis of liver { ... ..								
Venereal diseases ... ..								
Premature birth ... ..								
Diseases and accidents of parturition ..	2					2		
Heart diseases ... ..	11					8	3	
Accidents ... ..	2			1		1		
Suicides ... ..								
Apoplexy ... ..	8					2	6	
Senile decay ... ..	11						11	
Unknown ... ..	2					1	1	
.....								
All other causes ... ..	8					6	2	
All causes ... ..	79	12	6	1	2	32	26	



*Stourport Urban District.*

Dr. Robinson reports that :—

The nett death-rate (17·8) is much higher than the average for the last six years (13·0). Whooping Cough was prevalent (6 deaths). To grapple with Consumption (5 deaths) he says it will be necessary to deal with the “back to back” houses and other insanitary conditions.

Thirty-four of the 36 cases of Scarlatina were treated at home “and yet a second case in the same house was rare” . . . and when there is a fair prospect of treatment at home being successful, home treatment should be adopted, “simply on account of the cost of hospital treatment.”

As the result of systematic inspection more sanitary defects have been remedied than in any previous year.

Few of the Dairies, Cowsheds, and Milkshops visited were entirely satisfactory. On the other hand, the Slaughter Houses are “kept in a satisfactory condition.” Several Bakehouses were found to be dirty. Seven sanitary defects were found at one or other of the 34 workshops. The nuisance of Kidderminster Sewage Farm is unabated, though a petition has been presented, and the Council have corresponded with Kidderminster Corporation. Land for a pumping station and sewage farm at Stourport have been purchased. Eleven notices of objections have been withdrawn and there is nothing now in the way of the Local Government Board sanctioning the sewerage scheme; in the meantime the drainage and excrement disposal are as heretofore.

For 12 years he has urged the necessity for new byelaws, but nothing has been done. The Sanitary Inspector (Mr. Edmundson) is commended for excellent work.

*Bromsgrove Rural District.*TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	12,100	285	23·6	20	70·1	126	10·4					
1895.	12,170	270	22·1	31	114·8	153	12·5					
1896.	12,286	268	21·8	42	156·6	152	12·3					
1897.	12,232	286	23·3	34	118·8	162	13·2					
1898.	12,232	303	24·7	27	89·1	158	12·9					
1899.	12,300	288	23·4	19	65·9	141	11·4					
1900.	12,300	290	23·5	27	93·1	159	12·1					
1901.	12,086	303	25·0	30	99·0	159	13·1					
1902.	12,100	304	25·1	26	85·3	174	14·3				175	14·4
1903.	12,100	295	24·3	23	77·2	153	12·6			1	161	13·3
Averages for years 1894-1903.	12,190	289	23·6	27·9	97·9	153·7	12·4			8		
1904.	12,200	301	24·6	23	76·4	150	12·2			14	164	13·4

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.



*Bromsgrove Rural District.*

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..	2		2					
Scarlet Fever ... ..								
Whooping-cough ... ..								
Diphtheria and membranous croup ... ..	1		1					
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued								
Epidemic influenza ... ..	4	1			2	1		
Cholera ... ..								
Plague ... ..								
Diarrhœa ... ..	2	1					1	
Enteritis ... ..	3	3						
Puerperal fever ... ..								
Erysipelas ... ..	1						1	
Other septic diseases...								
Phthisis ... ..	13			1	4	8		
Other tubercular diseases ... ..	2		1	1				
Cancer, malignant disease ... ..	10					3	7	
Bronchitis ... ..	13	2	1			4	6	
Pneumonia ... ..	7	4				3		
Pleurisy ... ..	2				1	1		
Other diseases of Respiratory organs ... ..								
Alcoholism ... ..								
Cirrhosis of liver } ... ..	2					1	1	
Venereal diseases ... ..								
Premature Birth ... ..	5	5						
Diseases and accidents of parturition ... ..	1					1		
Heart diseases ... ..	24	2			1	11	10	
Accidents ... ..	7			1	1	3	2	
Suicides ... ..	1					1		
Old age ... ..	22						22	
.....								
.....								
.....								
All other causes ... ..	42	5	3	3	1	7	23	
All causes ... ..	164	23	8	6	10	44	73	

*Bromsgrove Rural District.*

Dr. Coaker reports that:—

An allround improvement in the sanitary state of the district. Drainage schemes for Hagley and Blakedown are nearing completion. Most of the house-connections have been made with the Alvechurch Sewerage, and the village brook will then be free from pollution.

The Clent drainage scheme has been hampered by defects at the outfall. Privy middens are not the nuisance they were.

The Factories and Workshops have been inspected; and some minor defects rectified.



TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	14,230	399	28.0	38	120	143	10.2					
1895.	14,230	417	27.0	40	93	222	15.4					
1896.	14,230	377	26.3	44	116	172	13.4					
1897.	14,230	328	24.5	39	118	191	14.0					
1898.	14,230	327	24.3	33	100	170	13.3					
1899.	14,230	352	26.1	26	73	162	12.0					
1900.	14,230	319	22.3	23	72	185	12.9					
1901.	12,932	346	26.7	32	111	160	12.3					
1902.	12,932	304	23.5	38	124.3	175	13.5			12	187	14.4
1903.	12,932	309	23.5	36	116.5	159	12.2			16	175	13.2
Averages for Years 1894-1903.	13,840	347	25.2	34	21	173	12.9			14	181	13.8
1904.	12,932	325	25.1	40	123	154	11.9			12	166	12.9

\* Rates calculated per 1,000 of population.  
(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

*Droitwich Rural District.*

TABLE IV.

Causes of, and Ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..								
Scarlet Fever ... ..								
Whooping-cough ... ..	2	1	1					
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued ... ..								
Epidemic influenza ... ..	6	1				2	3	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	3	3						
Enteritis ... ..	5	3	1			1		
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases... ..								
Phthisis ... ..	13				3	10		
Other tubercular diseases ... ..	7	5	1	1				
Cancer, malignant disease... ..	14					9	5	
Bronchitis ... ..	12	4	2			1	5	
Pneumonia ... ..	7	1		1		3	2	
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..	2					1	1	
Alcoholism { ... ..								
Cirrhosis of liver { ... ..								
Venereal diseases ... ..								
Premature Birth ... ..	8	8						
Diseases and accidents of parturition ... ..	7	7						
Heart diseases... ..	18			1	1	8	8	
Accidents ... ..	3			1	1		1	
Suicides ... ..	1					1		
Diseases of nervous system ... ..	4		1				3	
Senile Decay ... ..	27					1	26	
.....								
.....								
All other causes... ..	27	7				11	9	
All causes ... ..	166	40	6	4	5	48	63	



*Droitwich Rural District.*

Dr. Wilkinson reports that:—

There were 77 cases of Scarlatina. The disease was prevalent in Hartlebury District, and the bulk of the cases were among the scholars attending Hartlebury and Wilden Schools, unrecognized cases being the cause. Measles was prevalent at Hanbury, Himbledon, and Hindlip.

He made a special report on Ombersley Sewerage in September, from which it appears that “the sewers are only fitted as carriers for “storm-water, and are quite unfit to act as carriers of sewage . . . . “(and the hope is expressed that) another attempt will be made to “carry through a scheme for altering the present unsatisfactory condition.”

The Canal Boats, and Dairies and Cowsheds have been inspected, and defects rectified. No action with regard to Factories or Workshops was necessary.

Evesham Rural District.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	7,142	218	30.5	16	73	90	12.6					
1895.	7,142	207	28.9	17	82	102	14.2					
1896.	7,142	208	29.1	9	43	78	10.9					
1897.	7,142	227	31.7	13	57	107	14.9					
1898.	7,142	198	27.7	20	101	110	15.4					
1899.	7,142	226	31.6	18	79	120	16.8					
1900.	7,142	222	31.0	17	76	108	15.1	22	7	2	103	14.4
1901.	7,584	229	30.1	23	100	113	14.9	24	7	2	108	14.2
1902.	7,584	201	26.5	14	69	87	11.4	7	5	7	89	11.7
1903.	7,584	195	25.7	16	82	100	13.1	18	9	6	97	12.7
Averages for Years 1894-1903.	7,274	213	29.2	16	76	101	13.9	17	7	4	97	13.2
1904.	7,584	214	28.2	9	42	96	12.6	23	6	6	96	12.6

\* Rates calculated per 1,000 of population.  
(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.



Evesham Rural District.

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..	2		1			1		
Scarlet fever ... ..	1		1					
Whooping-cough ... ..								
Diphtheria and membranous croup ... ..								
Croup ... ..	1			1				
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued								
Epidemic influenza ... ..								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..								
Enteritis ... ..	2			1			1	
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases...								
Phthisis ... ..	2					2		
Other tubercular diseases ... ..	1		1					
Cancer, malignant disease ... ..	1					1		
Bronchitis ... ..	6	1	1			1	3	
Pneumonia ... ..	3					2	1	
Pleurisy ... ..								
Other diseases of Respiratory organs ..	1	1						
Alcoholism {								
Cirrhosis of liver { ... ..								
Venereal diseases ... ..								
Premature birth ... ..	4	4						
Diseases and accidents of parturition ..								
Heart diseases ... ..	12					4	8	
Accidents ... ..	2							
Suicides ... ..								
.....								
.....								
.....								
.....								
.....								
All other causes ... ..	58	3	3	3	1	11	37	
All causes ... ..	96	9	7	7	1	22	50	

*Evesham Rural District.*

The vital statistics are satisfactory. Scarlet Fever (76 cases, a death) was the only infectious disease prevalent, and this is not surprising considering that the disease has been endemic in the Borough of Evesham for some time past. The parishes of Bretforton and Hampton were the localities chiefly invaded and the cases were distributed throughout the year. That Scarlet Fever was at no time epidemic is attributable to the fact, that the outbreaks having occurred in country places, most of the cases heard of were promptly removed to the Sanatorium. Direct infection was the cause. The want of cottages at rents which those engaged in agricultural pursuits can afford, is felt in several parts of the district ; particularly at Offenham.

Badsey still remains unsewered : a loan of £2,480 sanctioned by the Local Government Board for the purpose not having been utilized owing to local opposition and because when the Board gave their sanction, they made it a condition that the effluent after bacterial treatment should be passed on to adjacent land which is marly clay ; in spite of the fact that the Sewage Commissioners (amongst whom were two of the Board's Chief Officers) have reported that clay land is unsuitable for the purification of sewage.

The scheme originally submitted to the Board by the District Council included " double filtration bacterial treatment " without land. I still hope the latter scheme may be carried out, inasmuch as there is no doubt a better effluent would be obtained in this way, than by the scheme sanctioned by the Local Government Board.

The sewerage scheme for Broadway, which will cost £3,000, approaches completion. The district has been well supplied with water owing to the success of the Evesham Villages water scheme.

The Slaughter Houses, Dairies and Cowsheds, and Factories and Workshops have been thoroughly inspected and the insanitary conditions noticed have been dealt with.



Feckenham Rural District.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NETT.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number. (a)	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	5,744	142	24.7	23	161	87	15.1					
1895.	5,744	142	24.7	16	112	77	13.4					
1896.	5,744	157	27.3	15	95	76	13.2					
1897.	5,744	157	27.3	15	95	70	12.1					
1898.	5,744	130	22.6	10	76	69	12.0					
1899.	5,744	153	26.6	17	111	67	11.6					
1900.	5,744	129	22.4	16	124	90	15.6			5	95	16.5
1901.	5,532	131	24.4	14	106	69	12.4			5	74	13.3
1902.	5,532	107	19.3	12	102	56	10.1			4	60	10.8
1903.	5,532	108	19.5	9	83	63	11.3			7	70	12.6
Averages for years 1894-1903.	5,680	135	23.8	14	106	72	12.6			5	74	13.1
1904.	5,532	141	25.4	13	92	62	11.2			10	72	13.0

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11

*Feckenham Rural District.*

TABLE IV.  
Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..								
Scarlet Fever ... ..								
Whooping-cough ... ..	1	1						
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..	1					1		
{ Other continued ... ..								
Epidemic influenza ... ..								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	1	1						
Enteritis ... ..								
Puerperal fever ... ..								
Erysipelas ... ..	1						1	
Other septic diseases... ..								
Phthisis ... ..	10				4	6		
Other tubercular diseases ... ..	6	1	1			4		
Cancer, malignant disease ... ..	4					2	2	
Bronchitis ... ..	4	2				1	1	
Pneumonia ... ..	3					1	2	
Pleurisy ... ..	1						1	
Other diseases of Respiratory organs ... ..	2	1		1				
Alcoholism { ... ..	1					1		
Cirrhosis of liver { ... ..								
Venereal diseases ... ..								
Premature birth ... ..	2	2						
Diseases and accidents of parturition ... ..	1					1		
Heart diseases ... ..	8			1		3	4	
Accidents ... ..								
Suicides ... ..								
.....								
.....								
.....								
.....								
All other causes ... ..	26	5	1			9	11	
All causes ... ..	72	13	2	2	4	29	22	



*Feckenham Rural District.*

The vital statistics of this district are satisfactory, and there has been marked absence of notifiable disease.

The House Accommodation is receiving attention.

The defective sewerage at Hunt End and Crabb's Cross has not been dealt with, owing to the parish of Feckenham being heavily rated in consequence of other schemes. It is however now being reconsidered, as complaints of the brook pollution have been sent to the County Council, as well as the District Council.

The sewage outfall works at Feckenham have been so unsatisfactory that efforts are being made to improve them.

Of 372 houses in what is designated as the "water area of Astwood Bank" only 140 are yet connected with the mains.

This is in no measure due to apathy on the part of the District Council, but rather to the opposition of property owners.

The Slaughter Houses, Dairies, and Bakehouses were thoroughly inspected. Some of the Slaughter Houses and Dairies require special attention; the excrement disposal of several of the Factories have been improved by erection of w.c.'s. New Byelaws with regard to Nuisances, Lodging Houses and new Streets and Buildings have at last been issued.

Halesowen Rural District.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.												
1895.												
1896.												
1897.	21,963	825	34.6	111	134	316	14.3			1	317	14.4
1898.	22,551	827	36.6	136	164	361	16.0			5	366	16.2
1899.	23,519	879	27.3	148	168	333	14.1			6	339	14.4
1900.	25,844	865	34.2	105	121	345	13.3			1	346	13.3
1901.	23,574	886	37.5	153	171	386	16.3			15	401	17.0
1902.	23,574	855	36.0	91	106	307	13.0	8	6	5	306	12.9
1903.	23,574	868	36.8	140	161	380	16.1	10	6	12	386	16.3
Averages for years 1897-1903.	23,514	855	34.7	126	146	347	14.7			6	353	14.9
1904.	23,574	849	36.0	129	151	353	14.9	6	4	10	359	15.2

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.



*Halesowen Rural District.*

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up-wards.	
Small-pox ... ..								
Measles ... ..	8	3	4	1				
Scarlet Fever ... ..	5	1	3	1				2
Whooping-cough ... ..	20	13	7					
Diphtheria and membranous croup ... ..	3	1	1	1				
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued								
Epidemic influenza ... ..								
Cholera ... ..								
Plague ... ..								
Diarrhœa ... ..								
Enteritis ... ..	30	25	3	1		1		
Puerperal fever ... ..								
Erysipelas ... ..	1						1	
Other septic diseases...								
Phthisis ... ..	9				4	5		
Other tubercular diseases ... ..	7	2	2	1		2		
Cancer, malignant disease ... ..	13					8	5	1
Bronchitis ... ..	73	22	25			11	15	
Pneumonia ... ..	14	1	6	2		5		
Pleurisy ... ..	2					2		1
Other diseases of Respiratory organs ... ..								
Alcoholism ... ..								
Cirrhosis of liver } ... ..	3					3		
Venereal diseases ... ..								
Premature Birth ... ..	18	18						
Diseases and accidents of parturition ... ..	1					1		
Heart diseases ... ..	29	1	1		1	11	15	2
Accidents ... ..	4	2	1				1	2
Suicides ... ..	1					1		
Old age ... ..								
.....								
.....								
.....								
All other causes ... ..	118	40	15	3	3	16	41	4
All causes ... ..	359	129	68	10	8	66	78	12

*Halesowen Rural District.*

Dr. Brett Young reports that there has been an epidemic of Scarlet Fever, chiefly affecting Cakemore and Hill, and to a less extent Halesowen, Hasbury and Quinton.

It attained its maximum about August and September. Altogether there were 140 cases and 5 deaths, and 107 of these were removed to the Hospital. At the height of the epidemic, the Hospital was unequal to the demand and for about three weeks, cases had to be refused admission. He says: "This district is very unfortunately circumstanced with regard to the stoppage of notifiable infectious disease, inasmuch, as on two sides it has for its neighbours two authorities who have no provision and make no attempt at the isolation of Scarlet Fever. Added to this it was found that Scholars from a neighbouring district, where Scarlet Fever was prevalent, were coming to a School in the Halesowen District."

Whooping Cough was epidemic and resulted in 20 deaths. Measles, which was prevalent in 1903, extended into 1904, and resulted in eight deaths.

The House Accommodation is said to be ample. In consequence of the shortness of work and the resulting poverty, there was some tendency to overcrowding.

Thirty deaths were registered from Diarrhœa and Enteritis, and Dr. Young says: "It would be a great gain to the populous parts of the district where a constant service water supply and sewers exist, if the whole of the privy middens were converted into water-closets. There is no doubt that the old-fashioned privy midden, in populous localities, is an important feature in the production of diseases of the Diarrhœa and Zymotic Enteritis type, as is evidenced by the fact that all of the deaths registered from these causes, occurred in the 'urban like' part of the District. I am quite certain that in attempting to reduce the death-rate some advance must be made in the direction of removing these centres of soil and air pollution."

Every attention appears to be given to the Factories and Workshops. The Dairies and Cowsheds are regularly inspected, and are vastly improved.



*Kidderminster Rural District.*

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	9,988	252	25.15	27	107.14	134	13.42	4	4		130	13.1
1895.	9,978	250	25.04	26	104	133	13.33	1	1		133	13.28
1896.	10,018	239	23.85	28	117.11	109	10.8	1	1		108	10.7
1897.	10,200	213	20.88	29	136.15	117	11.47	2	2		115	11.27
1898.	10,100	232	22.7	17	73.28	110	10.78				110	10.78
1899.	10,100	268	26.27	26	97.01	128	12.55	2	2		126	12.35
1900.	10,200	252	24.72	37	146.8	146	14.31				146	14.31
1901.	10,100	251	24.8	28	111.5	134	13.3	1	1		133	13.3
1902.	10,100	246	24.3	29	117.9	135	13.35	7	7	10	138	13.5
1903.	10,100	236	23.3	23	97.03	127	12.53	26	21	22	128	12.6
Averages for Years 1894-1903.	10,077	243.9	24.08	27	108	127.3	12.66	4.4	3.9		129.6	12.5
1904.	10,100	254	25.1	30	118.1	130	12.8	6	6	14	138	13.5

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

*Kidderminster Rural District.*

TABLE IV.

Causes of, and Ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..								
Scarlet Fever ... ..								
Whooping-cough ... ..	4	2	2					
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued								
Epidemic influenza ... ..								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	3	2	1					
Enteritis ... ..	2	2						
Puerperal fever ... ..								
Erysipelas ... ..	2					1	1	
Other septic diseases...								
Phthisis ... ..	9			1	3	4	1	
Other tubercular diseases ... ..	4		1		1	2		
Cancer, malignant disease... ..	10					7	3	
Bronchitis ... ..	7	2	1				4	
Pneumonia ... ..	8	1	1			3	3	
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..	2	2						
Alcoholism {								
Cirrhosis of liver { ... ..	3					2	1	
Venereal diseases ... ..								
Premature Birth ... ..	14	14						
Diseases and accidents of parturition ... ..	1					1		
Heart diseases... ..	13					7	6	
Accidents ... ..	7		1	2		2	2	
Suicides ... ..	3			1		2		
.....								
.....								
.....								
.....								
.....								
All other causes... ..	46	5	1		2	9	29	
All causes ... ..	138	30	8	4	6	40	50	



*Kidderminster Rural District.*

Dr. Addenbrooke reports that:—

Seventy-four cases of Scarlet Fever were notified. The disease was of a mild type, but the district was not free for any considerable period during the year owing to its frequent importation from Kidderminster Borough, and to the fact that mild cases are sometimes overlooked until the infection is spread.

Only 16 of these cases were removed to the Borough Hospital, because proper means of isolation were forthcoming at home.

Whooping Cough was prevalent during the early part of the year.

The Bakehouses and Slaughter Houses are well kept: the Sanitary Inspector examined all Workshops and Factories.

“The tenants at Somerleyton have continued to arrange for the disposal of their sewage, so that no complaint has arisen during the year, but in the Whitville and Sutton Common portions of the district there is pressing need for the provision of efficient means of drainage. The district generally is, and has been during the year, with the exception of these portions, in a good sanitary condition.”

## Martley Rural District.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- Residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District. 11	DEATHS AT ALL AGES. NETT.	
		Numlcr.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	12,644	336	27.98	31	92.2	203	16.85	18			203	16.85
(b) 1895.	13,133	342	26.04	41	119.8	191	14.54	14			191	14.54
1896.	13,133	346	26.3	32	92.4	175	13.3	16			175	13.3
1897.	13,133	358	27.3	44	122.9	188	14.31	15			188	14.31
1898.	13,133	345	26.3	31	89.8	188	14.31	20			188	14.31
1899.	13,133	365	27.8	39	106.8	191	14.54	13			191	14.54
1900.	13,133	306	23.3	37	120.9	200	15.2	15	7	14	207	15.7
1901.	12,941	341	26.3	29	85.04	175	13.5	20	4	13	184	14.21
1902.	12,941	340	26.2	37	108.8	175	13.5	21	1	13	187	14.4
1903.	12,941	356	27.5	30	84.2	141	10.8	20	2	11	150	11.5
Averages for Years 1894-1903.	13,069	344	26.3	35	102.6	180	13.7	17	6	15	176	13.6
1904.	12,941	320	23.9	41	128.1	167	12.8	26	7	16	176	13.6

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

(b) Sapey Pitchard and St. John County added to District.



*Martley Rural District.*

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..	1	1						
Scarlet fever ... ..								
Whooping-cough ... ..	6	4	1	1				
Diphtheria and membranous croup ... ..	1			1				
Croup ... ..								
Fever { Typhus ... ..								
Enteric ... ..								
Other continued								
Epidemic influenza ... ..	3					2	1	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..								
Enteritis ... ..	4	3				1		
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases... ..	4			2			2	
Phthisis ... ..	10			1	4	4	1	
Other tubercular diseases ... ..	5		2	1		1	1	
Cancer, malignant disease ... ..	9		1			4	4	
Bronchitis ... ..	12	6				1	5	
Pneumonia ... ..	10	3	1	1	1	2	2	
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..								
Alcoholism } ... ..	1						1	
Cirrhosis of liver }								
Venereal diseases ... ..								
Premature birth ... ..	6	6						
Diseases and accidents of parturition ... ..	1					1		
Heart diseases ... ..	25	3				8	14	
Accidents ... ..	7			1		6		
Suicides ... ..	3				1	2		
Senile decay ... ..	19						19	
Intestinal obstruction ... ..	4					2	2	
Nephritis ... ..	3		1		1		1	
Apoplexy ... ..	10					1	9	
.....								
All other causes ... ..	32	14		1		4	12	
All causes ... ..	176	40	6	9	7	39	75	

*Martley Rural District.*

Dr. Greensill reports that:—

Sixty-six cases of Scarlet Fever were notified and that 31 of these occurred at Hallow, although the disease never assumed epidemic proportions. Measles was epidemic in the parishes of Alfrick, Leigh, Great Witley, and Abberley.

The distribution of a precautionary leaflet with regard to phthisical patients is recommended.

Only seven cases of infectious disease have this year been removed to the Isolation Hospitals, against 27 last year, and 34 the year before. It is probable that by the removal of a larger proportion of cases, a considerable number of cases of Scarlatina would have been prevented; on the other hand Scarlatina is usually now such a mild disease that it is very doubtful whether the gain in the community is at all commensurate with the expense incurred by Hospital Isolation. The cost of isolating one of the removed cases was £34, this was a case which occurred in a cottage a few days after a previous case had returned from the Hospital.

The Bakehouses, Dairies, Factories and Workshops have all been regularly inspected, and considerable progress in the systematic house-to-house visitation of the district has taken place.

Sewerage and Drainage. No new sewerage works have been undertaken this year. At Hallow the cesspits are a constant source of nuisances, and will continue to be so until they are abolished, as they should be, by a system of drainage. I may remind you that a plan for the drainage of this village was completed, and a Local Government enquiry held in the year 1896.

The Slaughter Houses are all regularly inspected. Much improvement in the accommodation provided for Hop-pickers is reported.

## Newent Rural District (Worcestershire Parishes).

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NETT.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number. (a)	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	1,308	20	15.2	2	100	13	9.9					
1895.	1,308	45	35.7	3	66	20	15.3					
1896.	1,308	39	29.8	3	77	13	10.0					
1897.	1,308	26	19.9	9	346	27	20.6					
1898.	1,308	29	22.1	—	0	19	14.5					
1899.	1,308	36	27.5	4	111	22	16.7					
1900.	1,308	26	19.9	5	192	19	14.5					
1901.	1,195	22	20.0	1	45	11	10.0					
1902.	1,182	26	22.0	3	115	15	13.5					
1903.	1,182	20	17.0	2	100	16	13.6					
Averages for years 1894-1903.	1,271	28	22.9	3	115	17	13.8					
1904.	1,182	28	21.4	2	71	15	11.0					

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11



TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..								
Scarlet Fever ... ..								
Whooping-cough ... ..								
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued								
Epidemic influenza ... ..								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..								
Enteritis ... ..								
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases...								
Phthisis ... ..								
Other tubercular diseases ... ..								
Cancer, malignant disease ... ..	2						2	
Bronchitis ... ..	1		1					
Pneumonia ... ..	1						1	
Pleurisy ... ..	1					1		
Other diseases of Respiratory organs ... ..								
Alcoholism { ... ..								
Cirrhosis of liver { ... ..								
Venereal diseases ... ..								
Premature birth ... ..	1	1						
Diseases and accidents of parturition ... ..								
Heart diseases ... ..	5						5	
Accidents ... ..								
Suicides ... ..								
Rheumatic fever ... ..	1				1			
.....								
.....								
.....								
All other causes ... ..	3	1				1	1	
All causes ... ..	15	2	1		1	2	9	

*Newent Rural District (Worcestershire Parishes).*

There are only two Worcestershire parishes in this district, viz., Redmarley D'Abitôt and Staunton.

No special comment seems necessary.

## Pershore Rural District.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1		3	4	5	6	7	8	9	10	11	12	13
1894.	13,086	352	26.8	40	113	186	14.2				186	14.2
1895.	13,086	366	27.9	42	114	242	18.4				242	18.4
1896.	13,086	322	24.6	39	121	179	13.6				179	13.6
1897.	13,086	351	26.8	37	105	215	16.4				215	16.4
1898.	13,086	358	27.3	32	89	205	15.6				205	15.6
1899.	13,086	314	23.9	34	108	209	15.9				209	15.9
1900.	13,086	324	24.7	32	98	237	18.1				237	18.1
1901.	12,813	315	24.6	25	79	161	12.5			8	161	12.5
1902.	12,813	323	25.2	22	68	182	14.2				190	14.8
1903.	12,813	309	24.1	20	61	158	12.1	18	1	11	168	13.1
Averages for years 1894-1903.	13,004	333	25.5	32	95	197	15.1	18	1	9	199	15.2
1904.	12,813	286	22.3	27	94	177	13.8	17	2	5	180	14.0

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.



*Pershore Rural District.*

TABLE IV.  
Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..								
Scarlet Fever ... ..	1			1				
Whooping-cough ... ..	3	2	1					
Diphtheria and membranous croup ... ..	2			2				
Croup ... ..								
Fever { Typhus ... ..								
Enteric ... ..								
Other continued								
Epidemic influenza ... ..								
Cholera ... ..								
Plague ... ..								
Diarrhœa ... ..								
Enteritis ... ..	2	1				1		
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases...								
Phthisis ... ..	17			2	2	13		
Other tubercular diseases ... ..	3				1	2		
Cancer, malignant disease ... ..	11					8	3	
Bronchitis ... ..	13	4	2			2	5	
Pneumonia ... ..	1					1		
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..	4					1	3	
Alcoholism {								
Cirrhosis of liver }								
Venereal diseases ... ..								
Premature Birth ... ..								
Diseases and accidents of parturition ... ..	1					1		
Heart diseases ... ..	23			1	1	9	12	
Accidents ... ..	5		2	1	1	1		
Suicides ... ..	6					5	1	
.....								
.....								
.....								
.....								
All other causes ... ..	88	20	5	1	5	15	42	
All causes ... ..	180	27	10	8	10	59	66	

*Pershore Rural District.*

Measles was prevalent at Charlton, Elmley Castle, Cropthorne, Bredicot and Norton, and necessitated the closure of the Schools, but fortunately no death was reported.

Twenty-eight cases of Scarlet Fever and one death occurred in 11 Parishes, but the disease was kept in check by prompt removal of all cases to the Infectious Hospital.

Seven cases, one death, from Diphtheria occurred at Flyford Flavell, the outbreak being associated with local insanitary conditions, since remedied. Until a suitable disinfectant is provided the disinfection carried out at infected dwellings must be incomplete, as infected clothes, etc., which cannot be boiled, necessarily retain infection.

No sewerage scheme has been carried out during the year, those for Pershore and Cropthorne being in abeyance. The former, which was sanctioned by the Local Government Board a year or two back, has been hung up pending some decision as to the water scheme. The Pershore street drains are continually blocked and at times fall in. The need of water schemes for Pershore, Pinvin, Naunton Beauchamp, Eckington, Defford, Strensham, Besford, Birlingham, Drakes Broughton, Stoulton, Wadborough, Peopleton, Wick, Fladbury, Hill and Moor and Cropthorne is explained, and the position is even worse to-day than when the special report was presented in 1903.

The water supply of Bricklehampton, which was carried out by private landowners, failed during the dry weather, and for a time the cottagers had to get water any way they could. The unsatisfactory water supply of Dormiston will probably be remedied by the storage of rain-water. The Common Lodging Houses, Dairies and Cowsheds, and Bakehouses have all been systematically inspected and defects noticed remedied.

Rock Rural District.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.												
1895.												
1896.												
1897.	2,280	49	21.4	9	183	38	16.6			2	38	16.6
1898.	2,290	57	24.8	5	87	27	11.7			2	29	12.2
1899.	2,290	52	22.7	6	115	33	14.4			2	35	15.2
1900.	2,290	51	22.2	8	156	30	13.1			2	32	13.9
1901.	2,150	51	23.7	7	137	26	12.0			1	27	12.5
1902.	2,150	50	23.2	9	180	31	14.4			2	33	15.3
1903.	2,150	42	19.5	5	119	31	14.4			2	33	15.3
Averages for Years 1897-1903.	2,228	50	22.5	7	139	34	13.8			1	32	14.2
1904.	2,150	52	24.1	6	115	31	14.4			1	32	14.8

\* Rates calculated per 1,000 of population.  
(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.



*Rock Rural District.*

TABLE IV.

Causes of, and Ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..	2		1	1				
Scarlet Fever ... ..								
Whooping-cough ... ..								
Diphtheria and membranous croup ... ..	3		3					
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued ... ..								
Epidemic influenza ... ..								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..								
Enteritis ... ..								
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases... ..								
Phthisis ... ..	2				2			
Other tubercular diseases ... ..								
Cancer, malignant disease... ..	1						1	
Bronchitis ... ..	3	2	1					
Pneumonia ... ..	2					2		
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..								
Alcoholism { ... ..								
Cirrhosis of liver { ... ..								
Venereal diseases ... ..								
Premature Birth ... ..	3	3						
Diseases and accidents of parturition ... ..								
Heart diseases... ..	3						3	
Accidents ... ..	1						1	
Suicides ... ..								
.....								
.....								
.....								
.....								
.....								
.....								
All other causes... ..	12	1				2	9	
All causes ... ..	32	6	5	1	2	4	14	

*Rock Rural District.*

Dr. Whitaker reports :—

Eleven cases of Diphtheria (3 deaths), 4 families being attacked in the Spring. Each of these outbreaks were investigated and the requisite precautions taken.

In his last annual report Dr. Whitaker asks for a regular house-to-house inspection to be made, and he is pleased now to state that this is being satisfactorily carried out.

Most of the houses are in good condition.

The questions of Drainage, and Scavenging are said to be matters entirely for individual tenants.

For the most part, the district is not badly off for water, and one of the villages is excellently supplied.

The Factories and Workshops Acts are said not to apply to this district which, only contained three parishes.

## Shipston-on-Stour Rural District.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	4,975	137	27.5	12	88	88	17.6	19	13	5	80	16.0
1895.	4,927	121	24.5	14	115	91	18.4	18	10	0	81	16.4
1896.	4,880	126	25.8	12	94	85	17.4	9	8	1	78	15.9
1897.	4,834	104	21.8	19	182	91	18.8	12	9	1	83	17.1
1898.	4,789	124	25.7	13	105	82	17.0	16	13	1	70	14.5
1899.	4,745	109	22.8	17	156	87	18.2	13	7	1	81	17.0
1900.	4,702	120	25.4	18	150	91	19.2	17	10	1	82	17.3
1901.	4,658	114	24.5	10	87	98	21.0	28	16	0	82	17.6
1902.	4,613	126	27.3	15	119	81	17.5	23	15	0	66	14.3
Averages for Years 1895-1903.	4,807	120	25.0	15	122	89	18.3	17	11	1	79	16.4
1904.	4,567	124	27.1	5	40	72	15.7	22	15	2	59	12.9

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.



*Shipston-on-Stour Rural District.*

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..								
Scarlet fever ... ..								
Whooping-cough ... ..								
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued								
Epidemic influenza ... ..								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	1		1					
Enteritis ... ..	1						1	
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases...								
Phthisis ... ..	6		1		1	3	1	
Other tubercular diseases ... ..	1		1					
Cancer, malignant disease ... ..	3					1	2	
Bronchitis ... ..	4	2					2	
Pneumonia ... ..	5	1				2	2	
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..	1				1			
Alcoholism ... ..	1						1	
Cirrhosis of liver } ... ..								
Venereal diseases ... ..								
Premature birth ... ..	2	2						
Diseases and accidents of parturition ..								
Heart diseases ... ..	10					5	5	
Accidents ... ..								
Suicides ... ..								
Kidney diseases ... ..	2						2	
Cerebral apoplexy ... ..	7					5	2	
Paralysis ... ..	2						2	
Old age ... ..	6						6	
.....								
All other causes ... ..	7				2	3	2	
All causes ... ..	59	5	3		4	19	28	

*Shipston-on-Stour Rural District.*

Dr. Findlay reports that :—

Twenty-three cases of Scarlet Fever were notified, and that the disease was scattered throughout the district. He mentions that the Isolation Hospital at Shipston-on-Stour has been very useful and in his opinion has been the means of reducing the number of cases which would have occurred. The general health of the district has otherwise been satisfactory.

The Common Lodging Houses, Dairies and Cowsheds, Bake-houses, and Factories and Workshops have been inspected and are fully reported upon. It is stated that it would be better if the Council would make regulations for Slaughter Houses.

The Shipston-on-Stour Waterworks (opened in 1901) have proved satisfactory, practically all the houses in the town now being supplied from the mains.

It is again mentioned that the water supply of Draycot, a hamlet in Blockley parish,, is not satisfactory, and unless the owners can agree to improve it, the matter should be taken up by the District Council, as, after rain, the water becomes discoloured. Of the Tredington water supply, which has been under the notice of the County Council, he reports as follows :—

“Parish of Tredington.—The inspector has made a house to house inspection in this parish, and reported in detail on the water supply of each house. Orders have been given for all the wells to be cleaned out and repaired wherever necessary. These orders have now been all carried out, and I have no doubt considerable improvement in the water supply will result from this improvement of the wells, but I am rather afraid the general improvement will not last for any length of time, as from examination I find that many of the wells are in places where they may easily get contaminated again, and frequent inspections will be necessary.”

Nothing has been done as to framing byelaws previously advocated. The question of Scavenging Shipston and Blockley has been before the District Council, and Dr. Findlay still hopes that something may be done, as it can be arranged for at no great expense.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NETT.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number. (a)	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	337	5	14.8		0.0	4	11.8	1				
1895.	337	7	20.8		0.0	5	0.0		1			
1896.	337	6	17.8		0.0	7	14.8					
1897.	337	7	20.8	2	28.5	7	20.8					
1898.	337	5	14.8		0.0	7	20.8					
1899.	337	5	14.8		0.0	3	8.9					
1900.	337	7	20.8		0.0	1	2.6					
1901.	292	7	24.0		0.0	4	14.0					
1902.	292	5	17.1	1	200	5	17.1					
1903.	292	10	34.2	2	200	6	20.5					
Averages for years 1894-1903.	323	6	19.9		68	4	13.1					
1904.	292	6	34.2	0	0.0	1	3.4					

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11



TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..								
Scarlet Fever ... ..								
Whooping-cough ... ..								
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued ... ..								
Epidemic influenza ... ..								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..								
Enteritis ... ..								
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases... ..								
Phthisis ... ..								
Other tubercular diseases ... ..								
Cancer, malignant disease ... ..	I						I	
Bronchitis ... ..								
Pneumonia ... ..								
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..								
Alcoholism { ... ..								
Cirrhosis of liver { ... ..								
Venereal diseases ... ..								
Premature birth ... ..								
Diseases and accidents of parturition ... ..								
Heart diseases ... ..								
Accidents ... ..								
Suicides ... ..								
Rheumatic fever ... ..								
.....								
.....								
.....								
All other causes ... ..								
All causes ... ..	1						I	

*Stow-on-the Wold Rural District (Worcestershire Parishes).*

Dr. W. C. Moore states that the district is still without Isolation Hospital accommodation, rendering effective isolation of infectious diseases impossible.

## Tenbury Rural District.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1		3	4	5	6	7	8	9	10	11	12	13
1894.												
1895.												
1896.												
1897.	4,930	123	24'9	19	154	70	14'2	11			70	14'2
1898.	4,900	132	26'9	13	98	77	15'7	5			77	15'7
1899.	4,900	110	22'4	13	118	67	13'6	6	4	2	65	13'2
1900.	4,900	124	25'1	14	112	62	12'6	7	2	1	61	12'4
1901.	4,838	107	22'1	15	140	68	14'0	10	2	2	68	14'0
1902.	4,830	109	22'9	16	146	60	12'4	8	—	1	61	12'6
1903.	4,830	134	27'7	15	111	61	12'6	10	5	2	58	12'0
Averages for years 1897-1903.	4,874	119	24'5	15	125	66	13'5	8	2	1	64	13'4
1904.	4,830	106	21'9	9	84	56	11'5	7	3	4	57	11'8

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.



*Tenbury Rural District.*

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total. Deaths in Public Institu- tions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up- wards.	
Small-pox ... ..								
Measles ... ..								
Scarlet Fever ... ..								
Whooping-cough ... ..	1	1						
Diphtheria and mem- branous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								1
Enteric ... ..								
Other continued								
Epidemic influenza ... ..								
Cholera ... ..								
Plague ... ..								
Diarrhœa ... ..	3	3						
Enteritis ... ..								
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases...								
Phthisis ... ..	1					1		
Other tubercular di- seases ... ..	1			1				
Cancer, malignant di- sease ... ..	2						2	
Bronchitis ... ..	6		1			1	4	2
Pneumonia ... ..	3					2	1	
Pleurisy ... ..								
Other diseases of Res- piratory organs ... ..								
Alcoholism { ... ..								
Cirrhosis of liver { ... ..								
Venereal diseases ... ..								
Premature Birth ... ..	3	3						
Diseases and accidents of parturition ... ..								
Heart diseases ... ..	6				1	1	4	
Accidents ... ..	1						1	
Suicides ... ..								
.....								
.....								
.....								
.....								
All other causes ... ..	30	2	2	1		7	18	4
All causes ... ..	57	9	3	2	1	12	30	7

*Tenbury Rural District.*

Dr. Whitaker reports :—

A small amount of infectious disease, and adds (as regards isolation of cases of infectious disease), the District Council have only provided for Smallpox; the Joint Hospital at Cleobury being available. The projected accommodation for Scarlet Fever and Diphtheria "has not yet gone beyond the plan stage it reached two or three years ago. I feel sure that Tenbury town in particular as well as the hop-growers would find the great benefit of some such provision as was then outlined. A number of years of comparative immunity from serious fevers has developed a false sense of security, which may at any time have a rude awakening. We are still without the services of a disinfecter for bedding and outer clothing."

It is stated that in Tenbury there are too many privy middens and in some instances too many houses to a closet.

"The scavengage of the town remains where it was. Large privy pits only emptied when full, and then by the tenants, the 'got out' contents being removed by the Contractor, is a very insanitary and disgusting proceeding. Taking all things into consideration a weekly scavengage either by your own staff or a reliable contractor, and the conversion of the privies into w.c.'s would be a more economical method than that now in vogue."

The town of Tenbury again possesses an ample water supply but it is said that the sooner it is laid on to all houses the sooner will the danger to the public health be removed. Particular attention is directed to the Public Health Water Act 1878, which renders it illegal to occupy a new house in a Rural District until the Local Authority is certain that there is a water supply within reasonable distance.

The Slaughter Houses and Bakehouses have been inspected and steady improvement in their condition is noted. Byelaws for Hop-pickers are advocated, as the provision for their accommodation leaves much to be desired.

*Tewkesbury Rural District (Worcestershire Parishes).*

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	2,488	52	20·8	6	115	39	15·6					
1895.	2,488	57	22·9	3	52	28	11·2					
1896.	2,488	63	25·3	5	79	45	18·8					
1897.	2,488	62	24·9	4	64	52	20·8					
1898.	2,488	60	23·7	7	116	29	11·6					
1899.	2,488	54	21·7	3	53	30	12·0					
1900.	2,488	50	20·1	5	100	33	13·2					
1901.	2,293	58	25·1	2	34	25	10·8			2	27	11·7
1902.	2,293	54	23·5	7	129	40	17·4			—	—	—
1903.	2,293	53	23·1	2	37	33	14·3			—	—	—
Averages for Years 1894-1903.	2,429	56	23·1	4	77	35	14·3					
1904.	2,293	56	24·4	3	53	29	12·6			6	35	15·2

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.



TABLE IV.

Causes of, and Ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..								
Scarlet Fever ... ..								
Whooping-cough ... ..	2	1	1					
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued ... ..								
Epidemic influenza ... ..	1	1						
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..								
Enteritis ... ..								
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases... ..								
Phthisis ... ..	4				2	2		
Other tubercular diseases ... ..								
Cancer, malignant disease... ..	4					2	2	
Bronchitis ... ..								
Pneumonia ... ..	1	1						
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..								
Alcoholism { ... ..								
Cirrhosis of liver { ... ..								
Venereal diseases ... ..								
Premature Birth ... ..								
Diseases and accidents of parturition ... ..								
Heart diseases... ..	12				1	2	9	
Accidents ... ..	2			1		1		
Suicides ... ..								
.....								
.....								
.....								
.....								
.....								
All other causes... ..	9					3	6	
All causes ... ..	35	3	1	1	3	10	17	

Dr. Turner says:—

From a public health point of view the past year has not been marked by an unusual event. The district has been very free from epidemics of infectious disease.

He points out that under existing circumstances the only provision made for the isolation of Smallpox cases in the Hospital tent, and that if the Tredington Hospital should be occupied by patients suffering from Scarlet Fever or Diphtheria, it would not be permissible to erect it in the Hospital enclosure, and therefore there would be no site available.

The irrigation of the sewage outfall at Bredon and Overbury are now in fair condition and the former is said to be much more satisfactory than it used to be.

The Factories and Workshops Act does not apply to the district.

The necessity for the provision of a steam disinfecter is very clearly pointed out by the coming into force of the Midwives Act on the 1st April of this year. By that Act any Midwife who may come into contact with any case of Puerperal Fever is required to send her clothes to the nearest Sanitary Authority for disinfection. It will be impossible to carry this out unless some efficient means of disinfection is provided, and I would therefore suggest the advisability of providing a disinfecter as soon as possible.

## Upton-on-Severn Rural District.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- Residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District. 11	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	†14,271	339	23·6	42	123·0	320		95	3		225	15·6
1895.	14,271	419	29·2	39	93·0	328		77	3		251	17·4
†1896.	14,271	384	26·7	54	140·0	344		94	2		250	16·0
1897.	14,271	370	27·1	42	113·0	317		77			241	17·6
1898.	14,271	343	25·1	23	67·0	313		106	3		207	15·1
1899.	14,271	337	25·2	36	106·8	283		91			192	14·3
1900.	14,271	334	25·0	44	131·0	365	25·5	128	5		237	17·7
1901.	14,273	303	23·3	31	102·3	281	19·6	134	116	1	175	13·4
1902.	14,273	328	25·2	22	67·0	312	29·8	146	125	2	182	14·0
1903.	15,000	323	24·8	42	130·0	273	21·0	118	100	4	177	13·6
Averages for Years 1894-1903.	14,344	348	25·5	37	107·0	313		106			213	15·4
1904.	15,000	291	22·3	29	99·6	285	19·9	132	108	3	175	13·4

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

† Including population of Powick Asylum. ‡ Malvern Wells annexed to Great Malvern Urban District.



*Upton-on-Severn Rural District.*

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..	1		1					
Scarlet fever ... ..	1		1					
Whooping-cough ... ..	2	2						
Diphtheria and membranous croup ... ..	1			1				
Croup ... ..								
Fever { Typhus ..								3
{ Enteric ...								
{ Other continued								
Epidemic influenza ... ..								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..								1
Enteritis ... ..	4	4						
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases...								
Phthisis ... ..	10				4	4	2	17
Other tubercular diseases ... ..								2
Cancer, malignant disease ... ..	9					4	5	4
Bronchitis ... ..	15	1	1			3	10	2
Pneumonia ... ..	9	2				2	5	8
Pleurisy ... ..	2					2		
Other diseases of Respiratory organs ... ..								
Alcoholism ... ..								
Cirrhosis of liver } ... ..								
Venereal diseases ... ..								
Premature birth ... ..	9	9						1
Diseases and accidents of parturition ... ..								
Heart diseases ... ..	29			1		14	14	13
Accidents ... ..	3	1				2		
Suicides ... ..	1					1		
Senile decay ... ..	28						28	18
Influenza ... ..	2	1				1		
Colitis... ..								18
.....								
.....								
All other causes ... ..	49	9	1	1	3	19	16	45
All causes ... ..	175	29	4	3	7	52	80	132

*Upton-on-Severn Rural District.*

Dr. Cowley reports :—

By far the most important event occurring in the district during the year was the completion of the Isolation Hospital. The Hospital exists mainly for the isolation of cases of Scarlet Fever, and while on this subject I wish to refer to the epidemic we had to contend with at Powick. In the two years, 1903 and 1904, 68 cases of this disease were notified to me, all but three were removed to Isolation Hospitals, and all as soon as practicable, more often than not in 24 hours after receipt of the notification. The homes were fumigated as well as possible. I confess to disappointment at the result, for the disease continued to break out. The Schools were closed three times, twice on advice from me, and once at the holiday time, and it was noticeable that each time there was a decrease in the numbers. Some unnoticed cases may have been the cause.

Some cases of Enteric Fever were reported at Powick, all in children under seven years of age, and of mild type.

The outbreak of Smallpox (3 cases) at Earl's Croome among peapickers at one time threatened to be dangerous, but the removal of cases to the Hospital stamped it out.

The Upton-on-Severn sewerage scheme has been delayed owing to the difficulty of obtaining a site. It is however hoped that the sanction of the Local Government Board will not longer be delayed.

“Powick Sewage Works.—The sewerage and the sewage disposal works at Callow and Pole Elm were completed, and most of the necessary junctions effected. My misgivings as to the security from outside water of the sewer have been verified. Several discussions severely reflecting on the work of the contractor have arisen. This influx of sub-soil water not only adds to the quantity of sewage, but it has deprived the fields near by of their water supply. The tanks at the disposal works disclosed a serious crack. The surface ventilation gates were objected to. These two latter are to be remedied. On November 24th I made a special report, after another systematic inspection, pointing out in the parish those things of importance which have a connection with insanitary conditions.”

Nothing has yet been decided with regard to Kempsey sewerage scheme, owing to the negotiations with the Ecclesiastical Commissioners, who are the owners of the disposal site, having been of a protracted nature.

The Hanley Castle Sewerage also remains in the same state.

It has been decided to sink a borehole for supplying the parish of Upton with water. Most of the Bakehouses are in fairly good order. Some of the Slaughter Houses are excellent and of the remainder no complaint can be made.

The Canal Boats, Dairies and Cowsheds, and Lodging Houses have been inspected. In some parts of the district the habitations are old.

## Winchcombe Rural District (Worcestershire Parishes).

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NETT.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number. (a)	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894.	126	5	39.6	2	400	3	23.8					
1895.	126	4	37.1			1	7.9					
1896.	126	5	39.6	1	200	2	15.9					
1897.	126	3	23.8			2	15.9					
1898.	126	6	48.1	1	166	2	15.9					
1899.	126	6	48.1			2	15.9					
1900.	126	5	39.6		0.0	1	7.9					
1901.	116	3	25.8		0.0	2	17.1					
1902.	116	4	34.4	1	250	3	25.8					
1903.	116	3	25.8	1	333	2	17.2					
Averages for years 1894-1903.		4	36.5	6	134	2	16.3					
1904.	116	3	25.8	1	333	3	25.8					

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11



TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ... ..								
Measles ... ..								
Scarlet Fever ... ..								
Whooping-cough ..								
Diphtheria and membranous croup ...								
Croup ... ..								
Fever { Typhus ...								
{ Enteric ...								
{ Other continued								
Epidemic influenza ...								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..								
Enteritis ... ..								
Puerperal fever ...								
Erysipelas ... ..								
Other septic diseases...								
Phthisis ... ..								
Other tubercular diseases ... ..								
Cancer, malignant disease ... ..								
Bronchitis ... ..								
Pneumonia ... ..								
Pleurisy ... ..								
Other diseases of Respiratory organs ...								
Alcoholism {								
Cirrhosis of liver { ...								
Venereal diseases ...								
Premature birth ...								
Diseases and accidents of parturition ...								
Heart diseases ...								
Accidents ... ..								
Suicides ... ..								
Rheumatic fever ...								
.....								
.....								
.....								
All other causes ...	3	1					2	
All causes ...	3	1					2	

*Winchcombe Rural District (Worcestershire Parishes).*

Cutsdean is the only Worcestershire parish in this district. No special comment is required.

Yardley Rural District.

TABLE I.  
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1		3	4	5	6	7	8	9	10	11	12	13
1894.	20,750	558	26.8	70	125	243	11.7	9	9	11	245	11.8
1895.	21,500	565	26.2	70	123	274	12.7	13	13	5	266	12.3
1896.	23,200	577	24.8	61	105	307	13.1	14	14	8	301	12.9
1897.	26,450	685	25.8	93	135	326	12.3	14	14	10	322	12.1
1898.	28,300	833	29.0	121	145	340	12.3	6	6	10	344	12.4
1899.	30,500	864	28.0	115	133	369	12.1	6	6	12	375	12.2
1900.	32,700	983	30.0	120	122	436	13.9	10	10	11	437	13.9
1901.	34,350	1,041	30.2	128	122	431	12.5	12	12	11	430	12.5
1902.	36,030	1,161	32.2	134	115	461	12.7	8	8	17	470	13.0
1903.	38,500	1,119	29.0	109	97	409	10.6	12	12	22	419	10.8
Averages for years 1894-1903.	28,228	838.6	29.7	102.1	122	359.61	12.7	10.4	10.4	11.7	360.9	12.7
1904.	41,500	1,173	28.2	160	136	511	12.3	7	7	46	550	13.2

\* Rates calculated per 1,000 of population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.



## Yardley Rural District.

TABLE IV.

Causes of, and ages at, Death during Year 1904.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up-wards.	
Small-pox ... ..								
Measles ... ..	6	2	4					
Scarlet Fever ... ..	1		1					
Whooping-cough ... ..	13	9	4					
Diphtheria and membranous croup ... ..	14	2	3	9				
Croup ... ..	1		1					
Fever { Typhus ... ..								
{ Enteric ... ..	2			1		1		
{ Other continued								
Epidemic influenza ... ..	7		3			1	3	
Cholera ... ..								
Plague ... ..								
Diarrhœa ... ..	36	26	8			2		
Enteritis ... ..	3	3						
Puerperal fever ... ..								
Erysipelas ... ..	1	1						
Other septic diseases ... ..	1					1		
Phthisis ... ..	36				5	26	5	
Other tubercular diseases ... ..	15	1	6	1	3	4		
Cancer, malignant disease ... ..	31				1	20	10	2
Bronchitis ... ..	39	11	3			8	17	
Pneumonia ... ..	60	12	16	3	3	17	9	
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..	3					1	2	
Alcoholism ... ..								
Cirrhosis of liver } ... ..	5					4	1	
Venereal diseases ... ..								
Premature Birth ... ..	32	32						
Diseases and accidents of parturition ... ..	3				1	2		
Heart diseases ... ..	48		1	4		21	22	
Accidents ... ..	9	2		2	1	4		
Suicides ... ..	5					5		
.....								
.....								
.....								
.....								
All other causes ... ..	179	59	10	7	4	37	62	5
All causes ... ..	550	160	60	27	18	154	131	7

*Yardley Rural District.*

Dr. Wilson reports:—

“That the population has increased since the census was taken in 1901 from 33,947 to 41,500. The infantile mortality last year amounted to 136 per 1,000 births, which, though not excessive, is considerably above the average of the previous ten years. This increase in the rate of infant mortality is partly due to the prevalence of infantile diarrhoea in the late summer and autumn months, but is also largely due to the large number of deaths registered as premature births, which amounted to 32, compared with 14 during the previous year.

Measles was prevalent at Hay Mills and necessitated closure of the Schools in May.

The great majority of the cases of Scarlet Fever were all of an exceedingly mild type, and as heretofore, the infection was mainly spread through attendance at School. Only 77 cases were removed to Hospital.

Whooping Cough was prevalent in the eastern part of the district.

Diphtheria caused 14 deaths but the disease was not so prevalent as in 1903.

Like Scarlet Fever it was mainly spread through school influence. Many of the cases were particularly mild, but in a good many of the more susceptible children the disease assumed a severe type.

With the exception of seven severe cases, which were removed to the Children's Hospital, Birmingham, four of which proved fatal, all were treated at home. Every precaution was taken.

As in other parts of the country, diarrhoea became prevalent throughout the very warm weather which prevailed during the late summer and early autumn months and caused 36 deaths, yielding the somewhat high death-rate of 0·87 per 1,000 of the population. Of these deaths, 26 occurred among infants under one year of age, 8 among children over 1 and under 5 years of age, and only 2 among adults. The large number of deaths due to infantile diarrhoea was no doubt due partly to errors in feeding, but also to lack of cleanliness of feeding bottles, and neglect of maintaining any approach to strict cleanliness of the home and its surroundings.

With the exception of the old jerry built parts of Greet and of Speedwell Road in Hay Mills, the house accommodation throughout the district is of a comparatively high standard and even in the parts named there is abundance of open air space.

Eight old cottages were closed during the year.

The Dairies and Cowsheds and Slaughterhouses have been kept

*Yardley Rural District.*

in good order and it was only found necessary to issue a few notices under the Factories and Workshops Act, although inspection was thorough.

With regard to works of a public nature, the Surveyor informs me that the sewers throughout the district have been kept well flushed. Scavenging has, on the whole, been well attended to, but serious complaints have been frequently received concerning the abominable nuisance attending the emptying of dumb-wells, and more particularly from Lincoln Road. As the whole of the complete scheme of sewerage and sewer extensions which was prepared by the Surveyor have received the approval of the Local Government Board, I hope the various works will be proceeded with as expeditiously as possible. I am glad to hear that the sewerage of Lincoln Road and of South East Acock's Green, which is so urgently required, is already authorised, and that preliminaries are in progress for the laying of a new main sewer from Greet Bridge to Forman's Lane. When this is completed, the extension of the sewer to Billesley should be proceeded with without delay to abate the dumb-well nuisance in that quarter. Serious complaints, too, have been received from Tyseley, and sewer extension to that neighbourhood and on to Hall Green is also urgently required.

To prevent pollution of the river, the works for the efficient treatment of sewage on Cole Hall Farm are in progress.

Another improvement which demands serious attention is the prevention of flooding in Hay Mills.



*Reports of Sanitary Inspectors.*

There are 31 Inspectors and 2 Assistants (King's Norton) in the Administrative County.

As usual the Inspector for the Tewkesbury Rural District (Mr. W. Walker) has not sent in a report, but the whole of the others have courteously done so, although as I mention from year to year, no obligation devolves upon them in this matter. I am glad to note that this year the Inspectors have not confined their Reports to the tabular forms which the County Council ask them to fill up, for many of them have made a comprehensive statement of the work they have carried out. I regret, however, that space does not permit me to summarize them to the full extent the reports deserve.

Table XVII. is a tabular statement of the work carried out in 1904.



TABLE XVII. Shewing SANITARY WORK done in the SANITARY INSPECTORS' DEPARTMENT during the year 1904, in the COUNTY OF WORCESTER.

SUMMARY OF REPORTS.

[illegible]







*Bromsgrove Urban District.*

Mr. A. Smith, who is also Surveyor for the District, reports that he has sewered Crab Tree Lane, Sidemoor, at a cost of £280, which has enabled privy cesspits in the locality to be done away with and w.c.'s to be substituted, as all branch drains were laid.

The cause of complaint with regard to Rock Hill drainage has been abolished.

New iron manhole covers have been substituted for stone flags, (placed in some instances 2ft. beneath the surface of the road), and sewer inspection is now regularly carried out.

Improved means for flushing and ventilation of sewers have been provided. During the year difficulty in the disposal of ashes and refuse was experienced, and consequently a suitable tip was secured at Hill Top. The Scavenging has been re-arranged with success.

All new house drains are tested with smoke before being covered up.

The sewage farm has been improved and the tanks are being made "septic."

*Droitwich Borough.*

Mr. Hulse, who is also Borough Surveyor, reports that the substitution of Ash-bins for Ash-pits has been effected, and all refuse removed by the Council Scavengers.

The Factories and Workshops, Bakehouses, Slaughter-houses and Dairies have all been inspected in company with the medical officer of Health.

The sewage outfall improvements are now completed, and work satisfactorily.

*Kidderminster Borough.*

Mr. Cowderoy, as usual, submits a full report, and shows good work with reference to Dairies, Slaughter-houses, Common Lodging Houses, Factories and Workshops, Scavenging, and Canal Boats.

Sixty-eight samples were taken under the Sale of Food and Drugs Act, and eight were found to be adulterated.

A considerable amount of unsound food was condemned and destroyed.

Drain testing seems to be largely resorted to, and Court Sweeping receives special attention.

*King's Norton and Northfield Urban District.*

Mr. J. Houghton, Chief Sanitary Inspector, gives a full Report, and states that very considerable additions have been made to the duties of the Staff with regard to the prevention of disease.

Much has been done to improve the condition of the Cowsheds and Milkshops, but fewer privies have been converted to w.c.'s, because most of those places have already been dealt with.

*Lye and Wollescote Urban District.*

Mr. H. Poole mentions that additional w.c.'s have been built in Factories and Workshops where there is insufficient accommodation for both sexes: two licenses for Slaughter-houses have been taken away, as such places were not in conformity with the Byelaws.

*Malvern Urban District.*

Mr. Hillyard also gives a full Report, and mentions among other things that 40 applications were received for the Sanitary Certificates issued by the Council with regard to the sanitary condition of houses, and that 30 such Certificates were granted.

Every effort has been made to obtain a high standard of efficiency.

Improvements have been effected under the Housing of the Working Classes Act, and at the request of the Justices, and with the permission of the Sanitary Committee, he inspected a number of Hotels and Public Houses in the District: the outcome of which was that the Justices required that many sanitary improvements should be made.

The Factories, Slaughter-houses, and Common Lodging Houses were regularly inspected.

*Oldbury Urban District.*

Mr. Robbins submits an extended report, and says that improved sanitary conditions are observable in every part of the district. He has steadily pressed on the substitution of w.c.'s for middens. The Dairies, Workshops, and Canal Boats are all regularly inspected.

*Redditch Urban District.*

Mr. Jameson gives an exhaustive Report, and says that the sanitary improvement which has marked the past four years has been well maintained.

He advises that printed handbills should be issued cautioning occu-

piers against neglecting good sanitary appliances which owners have provided.

There are but 24 middens in existence, but numbers of pail closets are to be found. The Slaughter-houses, Lodging-houses, Bake-houses, Dairies, and Factories are regularly inspected, and special attention has been given to meat and fruit, but no "seizure" was necessary.

*Stourbridge Urban District.*

Mr. Kent gives a very full Report, and mentions improvements which he has effected under the Factory Acts. Five samples were taken under the Sale of Food and Drugs Act, and were found genuine.

One hundred and thirty-two privies were converted to w.c.'s, and I infer from this and other reports that Stourbridge can no longer be designated a "midden closet town" as it used to be a few years back.

*Droitwich Rural District.*

Mr. Stevens reports that the Vans on Hartlebury Common have been inspected several times during the year, and that the masters of two Canal Boats were summoned and fined for contravening the Act.

*Evesham Rural District.*

Mr. Harvey, who is also Surveyor, reports that he has extended the sewers at South Littleton, Harvington, and Offenham, and that improvements in the outfall works at Atch Lench and Rous Lench have been carried out.

*Feckenham Rural District.*

Mr. Perkins, who is also Building Surveyor, says that the Scavenging of the District is well carried out, but that the sewage outfall at Feckenham is in bad condition.

*Halesowen Rural District.*

Mr. Whitmore says that the Scavenging is attended to by the Council Staff.

*Kidderminster Rural District.*

Mr. Steadman presents a lengthy Report, and mentions that the Dairies and Cowsheds, Bakehouses, Slaughter-houses, Factories and Workshops have been regularly inspected.

*Martley Rural District.*

Mr. Inskip says that he has visited the Hop-pickers' Dwellings,



and found them in a satisfactory condition. The Dairies, Cowsheds, and Bakehouses have also been inspected. A length of sewers has been laid at Leigh Sinton.

*Yardley Rural District.*

Mr. Williams says that he only commenced his duties on the 27th November 1904, and has compiled his statistics from the books of the former Sanitary Inspector.

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I have the honour to be,

Mr. Chairman, My Lord and Gentlemen,

Your obedient Servant,

G. H. FOSBROKE, D.P.H. Camb.,

County Medical Officer.

Shirehall, Worcester,

August 1905.